

Inception Report
for:
The Five-Year Evaluation
of UNAIDS

Submitted by



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7th September 2001

Five-year Evaluation of UNAIDS
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Acronyms and Abbreviations

ARV	Anti-retroviral
BP	Best practice
CBO	Community based organisation
CCA	Common Country Assessment
CCO	Committee of Cosponsoring Organisations
CDC	Centres for Disease Control and Prevention
CDF	Comprehensive Development Framework
CERPOD	Centre d'Etudes et de Recherche sur la Population pour le Developpement
CGIAR	Consultative Group for International Agricultural Research
Cosponsors	UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO, World Bank
CPA	Country Programme Advisor (UNAIDS)
CTG	Country Theme Group
EC	European Commission
ECOSOC	Economic and Social Council of the United Nations
EPI	Expanded Programme of Immunization
ESP	Evaluation Supervisory Panel for the Five-Year Evaluation of UNAIDS
ET	Evaluation team
GAVI	Global Alliance for Vaccine and Immunization
GEF	Global Environment Facility
GNP+	Global Network of PLWHA
GTZ	Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)
HQ	Headquarters
ICPA	Inter-country Programme Advisor
ICT	Inter country team (UNAIDS Secretariat)
IDU	Injection drug users
ILO	International Labour Office
IPAA	International Programme for Aids in Africa
KIT	Royal Tropical Institute (Netherlands)
LSHTM	London School of Hygiene and Tropical Medicine
MAP	Multi-country HIV/AIDS Program
MERG	Monitoring and Evaluation Reference Group of UNAIDS
MoE	Ministry of Education
MoH	Ministry of Health
MSF	Medecine Sans Frontieres
MSM	Men who have sex with men
MST	Management Support Team to the ESP
MTCT	Mother to child transmission
NACO	National Aids Coordination Office
NAP	National Aids Programme
NL	The Netherlands
OCP	Onchocerciasis Control Programme
OECD/DAC	Development Assistance Committee of the Organisation for Economic Cooperation and Development
PCB	Programme Coordinating Board of UNAIDS
PLWHA	People living with HIV/AIDS
RFP	Request for proposals
SCF	Save the Children Fund
STI/STD	Sexually transmitted infection/disease

SWOT	Strengths, weaknesses, opportunities, threats (a management tool)
TDR	Tropical Disease Research Programme
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDCP	United Nations Drug Control Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Programme Services
UNTG	United Nations Theme Group
URL	Universal resource locator (internet address)
USAID	United States Agency for International Development
WHO	World Health Organisation

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Annex

1	PEOPLE MET DURING THE INCEPTION PHASE
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SUMMARY

i This report sets out the objectives and design of an evaluation into the first five years of UNAIDS. UNAIDS is a joint unified programme of the United Nations with the aim to achieve an expanded response to the HIV/AIDS epidemic at national level. The work of the programme is to help countries achieve the best possible response to deal with the epidemic. The programme has seven cosponsors (UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO and the World Bank) and is served by a secretariat based in Geneva.

ii The purpose of this Evaluation is to assess whether UNAIDS has met expectations in terms of increasing attention to the social, economic and developmental issues associated with the spread of HIV, and strengthening interagency collaboration in response to the challenge. The evaluation will examine the added value provided by the programme, including the extent to which the programme as a whole (cosponsors and secretariat) are working together to address the epidemic.

iii The evaluation will follow established OECD/DAC evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability. The main focus will be to evaluate effectiveness in the achievement of outcomes. Estimation of impact is beyond the scope of the evaluation but the likelihood of impact and the possibility of collecting data to verify impact in the future will be examined.

iv The issues to be studied and questions to be asked have been structured under four broad categories: policy advocacy for increased awareness and commitment; information to expand capacity and knowledge; coordination and better use of resources; and governance of UNAIDS. The issues and questions will be used by the evaluation team to define indicators and create questionnaires or topic guides for gathering data and interviews.

v Group and individual meetings will be held with the seven cosponsors in visits to Europe and North America. Proposals are put forward to visit four countries in Africa, one in Latin America, one in the Caribbean, one in Eastern Europe and two in Asia. The visits will follow a structured pattern starting with group meetings, continuing with individual interviews and a field visit, and ending with a group wrap-up meeting to review issues arising from the visit. A self-evaluation questionnaire will be administered to a number of additional countries. A working paper will be written after all the cosponsor visits and each country visit. Information from other stakeholders, donors, NGOs and the private sector will be collected by interviews during the travel for cosponsor and country visits, or by telephone and email.

vi In addition, the evaluation team will undertake two short thematic studies to look at governance and financial management among comparable global programmes, and the scope for impact assessment at country level.

vii A Draft Final and Final Report will be prepared after all the visits and studies are completed.

viii The proposed workplan for the study is presented as Table 12. The evaluation will start in September 2001. Visits to cosponsors and to four countries will take place before the end of the year; the remainder will be completed by the end of March 2002. The Draft Final Report is due by May 31st 2002 and the Final Report by September 30th 2001. In view of the long duration of the assignment, the evaluation team will try to incorporate all relevant information up to the end of the country visits.

1 INTRODUCTION

1.1 The worldwide epidemic of HIV/AIDS is a major challenge of our time. The number of men, women and children living with HIV/AIDS is estimated to be in excess of 36 million. There is neither a vaccine nor a cure, and prevention is difficult because HIV/AIDS is mainly transmitted through sexual intercourse and unsafe drug-injecting practices. As a result, the virus continues to spread at a high rate. In response to the global challenge a Joint Programme was established for interagency cooperation and implementation of a coordinated programme of activities through the United Nations system. UNAIDS became operational in 1996.

1.2 This report sets out the objectives and design of an evaluation into the first five years of UNAIDS. The approach follows the structure presented by the evaluation team (ET) in their technical proposal. The report starts with a brief synopsis of UNAIDS, to explain the way the programme has evolved over the years and responded to the challenge of the epidemic. Next is a statement of the purpose and scope of the evaluation, followed by an explanation of the evaluation design and how it relates to the evaluation Mandate. The report continues with details of the programme of studies, followed by proposed dissemination and follow-up actions. In the last section, a workplan is presented together with a summary of budgetary implications.

1.3 The report has benefited from a process of consultation with stakeholders. A first draft was circulated widely among members and observers of the UNAIDS Programme Coordinating Board and other stakeholders and discussed at a workshop held in Geneva on 13 July 2001. Additional comments were also received in writing. Errors of fact have been corrected and improvements made to the design of the evaluation as far as practicable within the terms of the evaluation mandate and budgeted resources.

2 WHAT IS UNAIDS?

2.1 Largely invisible and insidious as it began, there is no doubt that AIDS is the major pandemic of the 20th century. The pandemic is highly resistant to interventions as the virus is ingenious, its transmission strongly rooted in human and individual behaviour largely driven by social, cultural and economic factors, and still waiting for effective and accessible vaccines and drugs. Thus aspects related to the global public response were not so readily evident. Response has been a top-down process internationally and bottom-up by individuals affected or living with HIV/AIDS, marginalized groups, community-based organizations and nations. AIDS also required and generated an international commitment. The pandemic has acquired global proportions and the UN possesses both the scope and the mandate to fight it.

2.2 The UN response started in early 1980s with WHO through its Global Programme on AIDS.¹ The focus at this time was on collecting and exchanging technical information about AIDS. GPA expanded its activities, providing technical assistance at country level and building strategic partnerships in the UN system to respond to the multiple dimensions of the epidemic. Indeed, AIDS was viewed as a problem requiring both urgent and broad efforts.

¹ Jonathan M. Mann and Katleen Kay (1991) Confronting the pandemic : The World Health Organization's Global Programme on AIDS, 1986-1989. AIDS 1991, 5 (suppl 2):S221-S229.

Changes occurring within WHO and more active positioning of UN agencies, aid donors, and NGOs all seeking greater involvement and responsibilities led to the end of GPA and to the creation of the UN Joint Programme on AIDS (UNAIDS), in 1995.

2.3 The international response is maturing and much has been learned in the past 20 years as the response evolves. The unique characteristics of the programme within the UN system and the ever-changing characteristics of the pandemic as well as those of the global environment raise emerging issues and challenges to respond and provide opportunities for learning about individual as well as organisational behavioural change processes to improve the future.

2.4 UNAIDS is virtually a single issue programme, yet it brings together a broad range of sectors, actors and processes because of the complex nature of the pandemic and its challenges to health and human development. A working definition, embracing all aspects of the programme, is set out in Box 1.

Box 1 What is UNAIDS?

UNAIDS is described both in terms of its objectives and as an institution.

UNAIDS is a programme with the aim to achieve an expanded response to the epidemic at national level. The work of the programme is to help countries achieve the best possible response to deal with the epidemic.

UNAIDS is a joint unified programme of the United Nations, defined in an ECOSOC resolution (1994/24). The programme has seven cosponsors (UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO and the World Bank). The programme is served by a Secretariat based in Geneva. The programme is governed by a Programme Coordinating Board (PCB), comprised of representatives of the seven cosponsors, partner countries, donors and NGOs. There is a Committee of Cosponsoring Organisations (CCO) that makes recommendations to the PCB. The Programme functions at country level through a Country Theme Group.

The respective roles of the secretariat and cosponsors is set out in the 1999 UNAIDS Partnership brochure, which lists key secretariat functions as facilitation, best practices, tracking the epidemic and advocacy.

2.5 Terminology is important in understanding the joint programme. Wherever the term UNAIDS is used, it means the joint work of the cosponsors with the secretariat unless specifically noted otherwise. The term secretariat is used to describe the UNAIDS secretariat; cosponsors refers to the group of seven cosponsors in whole or part, unless specific mention is made of individual cosponsors.

2.6 UNAIDS faces a challenge that is changing in scale and substance. The Joint Programme has been presented in a variety of ways during the five years and has received further support and affirmation of its role in the Special Session of the United Nations General Assembly on HIV/AIDS, 2001. The evaluation will take the Special Session into account, both as an event that may influence the future of UNAIDS and as a possible outcome of UNAIDS' activities. The consequences for UNAIDS of the establishment of the Global AIDS and Health Fund will also be considered. The diversity of the programme appears to reflect both an adaptive response to the challenge, and a degree of adjustment associated with the creation and settling-down of such a complex programme. But the existence of changes to the framework of objectives is significant for the evaluation, as it raises a question about which objectives the Joint Programme should be evaluated against. Table 1 presents a summary of the organising frameworks that have been used in various planning and strategy documents.

Table 1 Documents describing UNAIDS objectives

ECOSOC Resolution 1994/24	MOU July 1995	1996-2000 Strategic Plan	2000–2001 Unified Budget & Workplan	2002-2003 Unified WB	2001-2005 UN System Strategic Plan
6 objectives (see list in Table 3, below)	Definitions of: • Structure and organisation • PCB • CCO • Secretariat	8 core values and guiding principles 4 roles 4 global goals 4 objectives	Mission statement 8 core values and guiding principles 4 goals 4 strategic objectives 3 dimensions: • 6 thematic areas • geographical focus • 6 functional priority areas	Global strategy framework Results-chain hierarchy of impact, outcomes, intermediate outcomes and outputs 9 areas of work	4 guiding principles 7 roles and functions Results-chain hierarchy 9 areas of work (Each area of work has strategic objectives)

2.7 The sources reviewed in Table 1 reveal a number of aims and objectives and an interwoven focus on the themes, functions and activities promoted by the programme. From analysis of these documents and interviews during the Inception Phase, the evaluation team recognises that the objectives and institutional setting of UNAIDS are interrelated. It is important for the evaluation to be able to disentangle these aspects in order that the efficiency of the institutional arrangements can be analysed separately from the effectiveness of the programme. The evaluation team approaches this by separating the objectives and institution into three elements: the objectives of a global UN response, the mission of UNAIDS, and the implicit intervention, or business model. This approach is driven by consideration of what UNAIDS is intended to achieve, its role in that process and the underlying rationale for the approach that has been taken.

2.8 A starting point for the evaluation team is that the six original ECOSOC objectives have never been reformulated, and appear to remain as valid now as when the programme originated. They are adopted in this design as a cornerstone of the evaluation and are reproduced here. The notation E1, E2 is used to number the objectives for ease of cross-reference in Tables 2 and 3.

- E1. To provide global leadership in response to the epidemic
- E2. To achieve and promote global consensus on policy and programme approaches
- E3. To strengthen the capacity to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level
- E4. To strengthen the capacity of national governments to develop comprehensive national strategies and implement effective HIV/AIDS activities
- E5. To promote broad-based political and social mobilization to prevent and respond to HIV/AIDS
- E6. To advocate greater political commitment at the global and country levels including the mobilization and allocation of adequate resources

2.9 In order to understand what the programme does, the evaluation team adopts the current UNAIDS Mission Statement as being a clear, concise explanation linked to intended overall impact.²

Box 2 UNAIDS mission statement

As the main advocate for global action on HIV/AIDS, UNAIDS **leads, strengthens and supports** an expanded response aimed at preventing transmission of HIV/AIDS, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

2.10 To understand the relationship between the institutional arrangements and the objectives, it is necessary to understand the rationale for a response through the United Nations system. Box 3 sets out the evaluation team's interpretation of the underlying model.

Box 3 Why a UN System response?

Challenge	Global threat of HIV/AIDS
Response	Coordinated policy and programmatic approaches at global and national levels leading to an expanded response
Instrument	UN system policy advocacy, information and coordination
Rationale	Comparative advantage of the UN system in creating and delivering global public goods
Realisation	Core comparative advantages that others are unable to emulate: <ul style="list-style-type: none"> • Neutrality of policy advocacy to stimulate political commitment • Country presence for policy coordination and harmonised action Supplementary comparative advantages: Universality of reach; existence of specialised mandates; availability of assets (expert resources); ability to fill gaps

2.11 The analysis of objectives, mission and model gives rise to an intervention model that provides a practical framework for the evaluation, matches the founding objectives in the ECOSOC resolution, and is congruent with a results-chain approach used in recent planning documents.

- Advocacy creates political awareness and commitment, and enables resource mobilisation – the leadership function
- Information expands knowledge as a basis for capacity building, and rational and relevant decision-making – the strengthening function
- Coordination enables harmonisation of policy, strategy and resources so that implementation has the potential to be effective and efficient at national level – the support function
- Effective implementation at national level brings an *increased likelihood* of eventual impact in terms of reduced HIV/AIDS vulnerability, reduced transmission of HIV/AIDS and reduced HIV/AIDS impact

² See UNAIDS/UWB/2000-01, para 3.1 and UNAIDS web site: <http://www.unaids.org>

This model is used to structure the evaluation questions in Section 4.

3 PURPOSE AND SCOPE OF THE EVALUATION

Objectives

3.1 The evaluation is being carried out for the Programme Coordinating Board (PCB) but is undertaken on behalf of a much wider group of stakeholders identified by the UNAIDS Secretariat. The objectives of the evaluation are set out in the evaluation Mandate.³ The purpose and scope provide a concise statement of the objectives and are reproduced in Boxes 4 and 5. The purpose establishes the evaluation against the ECOSOC objectives, but is also forward looking in terms of governance, management, objectives and functions. The scope defines the focus of the evaluation as the *added value* provided by UNAIDS, but with a clear orientation towards the institutional setting. Although the primary focus is on recipient governments, the influence of UNAIDS on the development assistance of donor countries, changes in public perception and opinion in the north through media coverage, and changes in the involvement of northern NGOs in North-South activities, are all areas of interest for the evaluation.

Box 4 Purpose of the evaluation

The purpose of this Evaluation is to assess whether UNAIDS has met expectations in terms of increasing attention to the social, economic and developmental issues associated with the spread of HIV and strengthening interagency collaboration in response to the challenge. The Evaluation will:

- Assess the extent to which UNAIDS has met the goals and core objectives set out in ECOSOC Resolution 1994/24, in leading an expanded and broad-based response to the HIV/AIDS epidemic;
- Examine the degree to which the core objectives of UNAIDS are realistic given its structure and mandate and provide conclusions and recommendations on governance, management and functions that will promote improved performance; and,
- Review the relevance of UNAIDS' objectives and functions for the challenges of the next five years and provide recommendations on future objectives and functions of the programme.

Box 5 Scope of the evaluation

The Evaluation should review the response of the UN to HIV/AIDS within the framework of UNAIDS. The evaluators will look into the relevance of the UNAIDS objectives and the results achieved in relation to the potential capacity to deliver. All components of UNAIDS, including Cosponsors, the Secretariat, the PCB, and the CCO, will be included in the scope of the Evaluation. However, this will not be an evaluation of all HIV/AIDS activities of Cosponsors. The depth of the Evaluation in each case will be determined in view of respective roles and responsibilities within the overall UNAIDS objectives.

The Evaluation will examine the *added value* provided by the UNAIDS Programme, including the extent to which the Programme as a whole (Cosponsors and Secretariat) are working together to address the epidemic. This involves examining:

- the degree to which the unique arrangement of UNAIDS has succeeded in increasing knowledge and capacity, promoting stronger commitment, and ensuring mobilization and better use of resources among both Cosponsors and recipient governments;
- the roles and relationships of the Cosponsors and Secretariat as well as the institutional arrangements governing the UNAIDS Secretariat and its relation with Cosponsors;

³ Mandate for the 5-year evaluation of UNAIDS, approved by UNAIDS PCB and ESP in December 2000

- the ability of the Secretariat to fulfil its role and to coordinate the activities and use of resources among the Cosponsors and donors including the performance of coordinating mechanisms at the global level and in a selection of countries.

3.2 Added value will be considered against the costs to cosponsors and partners of the joint programme. The term ‘added value’ has special significance in this evaluation. It can be used loosely to mean nothing more than there should be a benefit arising from action. But for this evaluation, the evaluation team proposes a more comprehensive definition. Added value of UNAIDS is taken to be the differential between the benefits accruing to the global community from the programme and the cost of operating the partnership and services. The underlying hypothesis is that the institutional arrangement of UNAIDS generates benefits by reducing the costs of dealing with the pandemic as it brings to bear the comparative advantages of the UN. Other aspects of value are concerned with the expanded response (see para 3.6) and the extent to which this is greater than it would have been had UNAIDS not existed.

Evaluation criteria

3.3 Throughout the evaluation the evaluation team will use the OECD/DAC evaluation criteria to assess the programme:

Relevance – the extent to which the programme is consistent with the priorities and policies of the target group, recipients and donors. This concerns compatibility between UNAIDS and the cosponsors’ own policies, with the policies of partner countries and with the needs of PLWHA.

Effectiveness – the extent to which the programme has achieved its objectives. Effectiveness is directly concerned with the achievement of outcomes: the institutional outcomes set out in the ECOSOC objectives, and achieving an expanded response to the epidemic.

Efficiency – the extent to which the least costly resources (including management and institutional arrangements) have been used to achieve the results. The evaluation team will examine efficiency in terms of the transaction costs faced by cosponsors and partner countries, against the evidence of value added by UNAIDS.

Impact – whether the programme has had an effect on its target group. Impact is concerned with the results from an expanded response in terms of reduced transmission of HIV/AIDS, reduced vulnerability to HIV/AIDS and improvements in care and support. Measurement of impact is discussed in para. 3.7 *et seq.*

Sustainability – the extent to which benefits will continue after the programme assistance is over. A key issue with sustainability is the extent to which integrated or collaborative working would continue without the formal stimulus of the UNAIDS programme.

Understanding UNAIDS objectives – a logical framework

3.4 The foregoing text has set out the background, context and objectives of UNAIDS, and the purpose and scope of this evaluation. It will be evident to the reader that the objectives conflate aims within the UN system and aims within partner countries. These need to be separated and this is done in a table based on the logical framework (Table 2). This logframe is derived from UNAIDS documents but has been adapted by the evaluation team in three ways:⁴

- The statement of objectives has been constructed from the results-chain presentation in the UNAIDS Unified budget and workplan 2002-2003 and reflects current thinking

⁴ See UNAIDS/PCB(7)/98.4; UNAIDS/PCB(11)/01.4, Annex 1, Figure 1

- The terminology '*intermediate outcomes*' has been replaced by '*institutional outcomes*', and '*outcomes*' by '*outcomes at national and global levels*' because the evaluation team considers that splitting the outcome level is confusing and does not reflect a means-end sequence between intermediate outcome and outcome
- The OECD/DAC evaluation criteria have been added to the logframe in order to demonstrate their association with the various levels of objectives

3.5 The logframe highlights several important aspects that have a bearing on the evaluation. Firstly, that the ECOSOC objectives all refer to institutional outcomes. They are indicated by the notation E1, E2 etc. Secondly, that the outcomes at global and national levels hinge on the meaning of the word expanded. This is an important point for the development of questions in the evaluation.

3.6 Expanded could mean larger, or more diverse, or perhaps both. The expanded response is part of the potential value added by UNAIDS and merits a clear definition. A new interpretation has been put forward in the Global Strategy Framework for HIV/AIDS (UNAIDS/PCB(10/00.3), and is reproduced here. '*An expanded response is one that simultaneously acts on reducing risk, vulnerability and impact.*' However, this impact-oriented wording differs in presentation from the understanding expressed in earlier documents and raised at the evaluation stakeholders workshop. Expanded is widely interpreted as having three dimensions: firstly as an increase in overall effort, seen through expansion of resources; secondly, as a diversification, primarily to bring multisectoral elements into play, through increasing attention to social, economic and development issues; thirdly, the recognition of sequencing and timing in the nature and scale of actions, to respond to the pandemic.

Evaluation of impact

3.7 The evaluation Mandate is quite clear in the statements of purpose and scope that the evaluation is to address outcomes, and examine the added value of the programme (what difference has UNAIDS made?). The evaluation team is asked to define the extent to which impact will be addressed. As the Mandate states, '*all stakeholders have an interest in the ultimate impact in terms of the prevention of HIV/AIDS and mitigation of its effects. Although establishing causal pathways and attribution of impact are likely to prove difficult, establishing and documenting the relationship – however indirect – between UNAIDS' performance of its functions, the achievement of its objectives, and the contribution to ultimate impact, should be a core concern of the Evaluation. Country studies in particular should search for evidence of effects and impact. The Evaluation will review to what extent it is possible to measure impact, judge the feasibility of attributing impact to UNAIDS' activities, assess the probability that UNAIDS has made an impact, and make recommendations on needed data generation activities that will help establish causal links in the future.*' (Mandate para 16)

3.8 The evaluation has neither the time nor the resources for primary data collection from the ultimate beneficiaries of UNAIDS. Moreover, it is acknowledged that UNAIDS is only a small part of the total global fight against HIV/AIDS and that the influence of the programme diminishes significantly at national level. Thus, attribution of evidence about impact to the actions of UNAIDS would be very difficult.

3.9 The evaluation team proposes to tackle the issue of impact in a practical way, derived from the results chain. The primary focus of the evaluation is the achievement of outcomes. The non-institutional outcomes concern an expanded response, discussed above as having three dimensions, the overall effort, diversification to embrace social, economic and development issues, and awareness over sequencing and timing. The evaluation will also enquire about the extent to which responses are simultaneously acting on risk, vulnerability

and impact. The evaluation will seek the judgement of key informants at national and global levels to determine, with current knowledge, the probability of actions under an expanded response leading to desired impact. During these enquiries, the evaluation will consider the data requirements that would be necessary to establish causal links, and report on the potential evaluability of impact in the future.

Table 2 **Logical framework for UNAIDS**

Level	Objectives	Indicator categories	DAC Evaluation criteria
Impact	<ul style="list-style-type: none"> Reduced HIV/AIDS impact Reduced transmission of HIV/AIDS Reduced HIV/AIDS vulnerability 	i HIV prevalence, behaviour, knowledge ii HIV/AIDS care and support	<u>Impact</u> in terms of real change in the level of prevalence, behaviour change of people at risk, and improvements in care and support.
Outcomes at national and global levels	<ul style="list-style-type: none"> Expanded national responses and resources focused on agreed goals Expanded global and regional responses and resources focused on agreed goals 	ii Improved national strategic plans and strengthened participatory processes to support their development and implementation iv Expanded capacity and sustained commitment at national level to support scaling up of community and district responses v Increased commitment, programme capacity and partnership building processes vi Increased support to district level and below for local response development vii Increased technical and financial resources for HIV/AIDS activities and resource mobilization processes	<u>Relevance</u> – the extent to which the Programme is consistent with the policies and priorities of programme nations. <u>Effectiveness</u> in terms of achieving expanded national and global responses and resources as a result of the planned activities. <u>Sustainability</u> in terms of continuation of results after the Programme has withdrawn.
Institutional outcomes	<ul style="list-style-type: none"> Better use of international resources through improved coordination (E1, E2) Increased knowledge and capacity of international partners to address HIV/AIDS (E3, E4) Stronger commitment of international partners to act through increased awareness and accountability (E5, E6) 	viii Integrated workplans on HIV/AIDS for the United Nations System at the global, regional, and country levels ix Increased technical and financial resources for HIV/AIDS activities within the budgets and workplans of the international partners	
Outputs	<ul style="list-style-type: none"> Delivery of specific results by UNAIDS Cosponsors and Secretariat 	x Transaction costs associated with the programme xi Results targets from workplans and budgets	<u>Efficiency</u> – a measure of the cost-effectiveness of delivering the outputs by the planned activities

Level	Objectives	Indicator categories	DAC Evaluation criteria
Activities or functions	<ul style="list-style-type: none"> • Policy advocacy for increased awareness and commitment • Information to expand capacity and knowledge • Coordination and better use of resources 	<p>Areas of work listed in 2002-2003 UBW</p> <ol style="list-style-type: none"> 1. Ensuring an extraordinary response to the epidemic 2. Cross-cutting issues required for an expanded response 3. Protecting children and young people from the epidemic and its impact 4. Addressing those most vulnerable to, and at greatest risk of, HIV/AIDS infection 5. Care and support to individuals and communities affected by HIV/AIDS 6. Operations and biomedical research 7. Human resource and institutional capacities 8. Policies and programmes to address HIV/AIDS and its socio-economic impacts 9. Governance, management and administration 	<p>See Efficiency and Effectiveness above</p>

Notes: ECOSOC core objectives from Table 3 are indicated by the letters E1, E2 etc. alongside their corresponding objectives level

4 EVALUATION DESIGN

4.1 This evaluation is structured as a ‘theory-based evaluation’ and uses a mixed-method approach that combines qualitative and quantitative research tools. The idea behind theory-based evaluation is that the assumptions underlying an intervention can be expressed in terms of a sequence of means and ends – a programme model. The evaluation questions are structured to cover each step in the process so the evaluation can identify which parts of the model were successful. If the model has an empirical or theoretical rationale, the likelihood of impact can be deduced from observations of component steps. This enables conclusions to be drawn whilst implementation is still taking place. This approach brings a structure to questions that is bottom up, tracing outputs and outcomes from the activities that were implemented.

4.2 The underlying model of UNAIDS has been described in the foregoing sections. In this section, the objectives and functions of the programme are combined to create a framework for the evaluation questions. Indicators and sources of data are then developed for each question. Gender equality will be fully integrated into the processes, methodologies, analysis and final reporting of the evaluation. The organisation of meetings will also be adapted to the specific country contexts, to take account of social and cultural situations.

Evaluation framework

4.3 The Mandate makes reference to both the ECOSOC objectives and the major functions of UNAIDS as the defining elements of the scope of the evaluation. The evaluation team has combined the ECOSOC objectives and major functions into a matrix (Table 4) that shows the primary linkages between functions and objectives. The evaluation team has reworded the major functions in line with the analysis developed in Section 3, but the substance is unchanged. The table shows that the ECOSOC objectives are primarily associated with specific major functions. This means that the three major functions provide a sound basis for developing questions and indicators.

4.4 However, two significant omissions emerge from this approach. Firstly, the outcomes at national and global levels (the expanded response) are one step in the causal chain beyond the ECOSOC objectives. Secondly, issues about governance of UNAIDS are not included. The evaluation team proposes to tackle these issues in two ways: by incorporating questions about expanded response into the functional areas; and, by developing a separate set of questions about governance.

4.5 Table 4 presents the issues and major questions for the evaluation, structured by these broad functional areas, classified into global, and national/regional levels. These questions are then developed in Table 5 which sets out the issues, questions and indicators to be used by the evaluation in three groups:

- Policy advocacy for increased awareness and commitment
- Information to expand capacity and knowledge
- Coordination and better use of resources

4.6 The issues and questions have been assembled by the evaluation team from background material accompanying the Mandate, and from documentary review and interviews held during the inception stage. In addition to the issues and questions, there are several important features in the Table.

Counterfactual proposition: in the evaluation the evaluation team is asked to assess the value added by UNAIDS: *what difference has the programme made?* This requires a consideration of what might have happened had UNAIDS not existed. The counterfactual statement helps to clarify this proposition by stating the ‘without-UNAIDS’ case scenario. The challenge is to find a way of estimating what such a situation would have meant for all parties involved. Had UNAIDS not existed, the WHO Global Programme on HIV/AIDS might have continued to function, so in many respects the counterfactual needs to be expressed as a comparison with the GPA. In general, the evaluation team proposes to use two means of comparison. For data where objective evidence exists, we plan to compare the situation as it was around the start of the Programme (1994-1996), with the situation in recent years (1999-2001). For some variables, the early period on UNAIDS (1996-1998) will be contrasted with the latter period (1999-2001). Where no such objective data exist, we will ask key informants to recall the situation from memory and compare with the recent past. These comparisons are central to the evaluation, but we will balance them with an understanding that the evaluation is to be forward looking and should not become imbalanced by seeking excessive historical information.

Hypothesis: this states the change that is believed to have taken place, to be evaluated and confirmed by the team.

Indicators/Information: this column is used to construct specific objectively verifiable indicators or other information that will be collected from factual evidence and interviews conducted by the team. The indicators will be used as a basis to construct questions and topic guides.

Sources of data: clear specification of the sources of data will ensure the team identifies precisely who to interview and what kind of material to examine. Sources are marked for illustration. The shorthand term ‘donors’ is used to indicate OECD countries. Reference to developing countries includes both developing countries, and Eastern Europe and the Commonwealth of Independent States (CIS). When visiting developing countries, Eastern Europe and the CIS, information from governments will relate both to their role as managers of their national responses to HIV/AIDS and as participants in regional and international organizations, including the PCB and the governing bodies of cosponsors. OECD governments will be asked about the impact of UNAIDS on their policies both nationally and internationally. This column also includes reference to global, regional and national levels of enquiry.

Analysis: the analysis column helps the team to clarify exactly how results will be presented, to make sure that the proposed data are suitable for the planned analysis.

Qualitative and quantitative analysis: The evaluation will make use of both quantitative data (things that are measurable such as financial allocations) and qualitative data (the views, opinions and comments of key respondents). In view of the nature of the study, we believe that qualitative data will be the dominant type of information. In order to enable comparisons to be made between countries, and between regional/thematic studies, we plan to develop structured response categories to questions, so that qualitative answers can be ordered and categorised for ease of comparison. An example would be to summarise views about e.g. success in disseminating an example of best practice as ‘highly successful; successful; limited success; unsuccessful’.

Table 3 Matrix to map major functions of UNAIDS to core ECOSOC objectives

Core objectives of UNAIDS in ECOSOC Resolution 1994/24	Major Functional Areas of UNAIDS		
	A. Policy advocacy for increased awareness and commitment	B. Information to expand capacity and knowledge	C. Coordination and better use of resources
	<ul style="list-style-type: none"> Tracking the epidemic and responses to it Advocacy, resource mobilization and partnership building 	<ul style="list-style-type: none"> Identification and dissemination of best practice Technical resource networking Direct support to countries and partners 	<ul style="list-style-type: none"> Unified planning and support to national strategic planning Policy and strategy analysis and development Governance
E1. To provide global leadership in response to the epidemic			Primary
E2. To achieve and promote global consensus on policy and programme approaches			Primary
E3. To strengthen the capacity to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level		Primary	
E4. To strengthen the capacity of national governments to develop comprehensive national strategies and implement effective HIV/AIDS activities		Primary	
E5. To promote broad-based political and social mobilization to prevent and respond to HIV/AIDS	Primary		
E6. To advocate greater political commitment at the global and country levels including the mobilization and allocation of adequate resources	Primary		

Notes: The cells of the matrix indicate the primary association between functional areas and ECOSOC objectives. Other secondary associations also exist (such as between advocacy and global leadership), but are not shown here.

Table 4 Evaluation issues and questions structured by functional area and global/national levels

UNAIDS Functional Areas EVALUATION Issues and Questions	(A) Policy advocacy for increased awareness and commitment	(B) Information to expand capacity and knowledge	(C) Coordination and better use of resources
What has been achieved? OUTCOMES EFFECTIVENESS	Issue: The value and quality of political momentum and commitment arising from UNAIDS' efforts at global and national levels	Issue: The access to and use of unbiased and state-of-the-art best practice information and technical resource networking	Issue: The extent to which there has been harmonisation of policy, strategy and resource use at the global and national levels
Global level	To what extent has UNAIDS advocacy informed the global agenda on HIV/AIDS, promoted sustained international processes, and led to increased resource commitment? Has the level of collective commitment been commensurate to the state of the global epidemic?	To what extent have UNAIDS information activities improved the availability and quality of information and advisory resources pertaining to the global aspects of HIV/AIDS? Has the information been focused on priority concerns in dealing with the pandemic?	To what extent has UNAIDS been successful in forging agreement on and mobilising and entertaining support for a global agenda on HIV/AIDS? Has the global-level response to the pandemic (policies, strategies, resource mobilisation and actions) been adequate in view of the nature and development of HIV/AIDS?
National/Regional	To what degree has UNAIDS contributed to enhancing awareness and boosting commitment amongst national/ regional actors? Have increased awareness and commitment from UNAIDS' efforts create an environment that offers better prevention, support and care options for those who are concerned?	To what extent have UNAIDS services boosted the state of information of regional / national -level policy makers and protagonists dealing with the health, societal and developmental aspects of HIV/AIDS? In result, have the latter's decisions and actions become more sensitive to the needs of an expanded response to the epidemic?	To what degree has UNAIDS been able to foster the development of common national-level and/or regional frameworks for dealing with HIV/AIDS? Do these national/regional frameworks, if any, produce effective responses to the health, social and economical realities of HIV/AIDS in the country/ region?

<p>UNAIDS Functional Areas</p> <p>EVALUATION Issues and Questions</p>	<p>(A) Policy advocacy for increased awareness and commitment</p>	<p>(B) Information to expand capacity and knowledge</p>	<p>(C) Coordination and better use of resources</p>
<p>How has it been done?</p> <p>OUTPUTS</p> <p>Global Level</p> <p>National/Regional</p>	<p>Issue: The functioning of UNAIDS advocacy processes designed to achieve greater public/political awareness and commitment in terms of human and financial resources</p>	<p>Issue: The functioning of UNAIDS information and technical resource channels for disseminating and sharing critical knowledge to improve responses to the epidemic</p>	<p>Issue: The functioning of the institutional mechanisms of UNAIDS aimed at enhanced coordination and improved resource allocation</p>
	<p>How have UNAIDS structures and strategies helped to increase awareness w.r.t. HIV/AIDS and to enhance the political commitment to addressing the epidemic at the global level? What were the primary external and internal reasons for their success or failure? How do they compare to other experiences? Were the UNAIDS advocacy frameworks in tune with the evolving requirements of the worldwide epidemic?</p>	<p>How have UNAIDS information activities and resource networking been deployed at the global level to overcome knowledge deficits and imbalances? Which types of operations were successful/ unsuccessful, for what reason and under which circumstances? Are there lessons to be drawn from comparable efforts? Did UNAIDS information efforts and technical resource networking target critical issues for improving the global response to the epidemic?</p>	<p>How have the institutional mechanisms of UNAIDS contributed to enhancing coordination and improving resource allocation for the HIV/AIDS response at the global level? What were the primary external and internal reasons for their success or failure? How do they compare to other mechanisms? Have the institutional mechanisms of UNAIDS been sufficiently responsive to the global scope and epidemiological diversity of HIV/AIDS?</p>
	<p>Through which particular channels has UNAIDS been able to raise awareness and forge political and resource commitment at the national and regional level? What worked and what did not? Did UNAIDS enhance or supplant existing local/national/regional energies to deal with HIV/AIDS issue?</p>	<p>What types of information resources, originating from UNAIDS, were most important to improving national and regional responses to HIV/AIDS? What helped the process of local appropriation of knowledge, what slowed or prevented its effective transmission? Has the information supply been sufficiently customised to local circumstances?</p>	<p>Under which circumstances and how have UNAIDS efforts helped promote greater coordination and more appropriate allocation of resources at national/ regional levels? Have UNAIDS services supporting national/ regional coordination been properly adapted to local arrangements and conditions?</p>

Table 5 Development of indicators and sources of data⁵

UNAIDS Functional area: (A) Policy advocacy for increased awareness and commitment				
Counterfactual proposition: In the absence of UNAIDS, the dimensions and impact of the epidemic would not have been openly acknowledged by so many governments, decision-makers and opinion-leaders				
Issues/hypotheses	Questions	Indicators/information	Sources of data⁶	Analysis
Issue: The value and quality of political momentum and commitment arising from UNAIDS' efforts at global and national levels Hypotheses: a) Advocacy by UNAIDS has improved political commitment at global and national levels b) Advocacy has been enhanced by the provision of statistical analysis	To what extent has UNAIDS advocacy informed the global agenda on HIV/AIDS, promoted sustained international processes, and led to increased resource commitment? Has the level of collective commitment been commensurate to the state of the global epidemic?	A1: Extent and nature of coverage of the epidemic in health, development and other policy or strategy documents A2: Perceptions by key informants of the influence of the secretariat on changing awareness A3: Evidence of dissemination of information on emerging and sensitive issues A4: Opinions of key informants on the contribution of the secretariat to information about new realities and opportunities	A1: Cosponsor, donor, developing country and target group <u>policy and strategy documents</u> from the period pre-1996, and 1999-2001 A2: Current and past <u>key informants</u> in cosponsor, developing country, donor, NGO, private sector and target groups A3: Administrative records of the secretariat and cosponsors A4: Current and past <u>key informants</u> in cosponsor, developing country, donor, NGO, private sector and target groups	Comparison of data or perceptions between the earlier and later period. Comparison of issues covered and informants view of coverage and gaps.
	To what degree has UNAIDS contributed to enhancing awareness and boosting commitment amongst national/ regional actors? Have increased awareness and	A5: Evidence of change in media diversity, quantity (number of publications, number of categories of analysis); content (range of topics, level of	A5: Desk review of <u>published sources of data and information</u> over the time period by the Secretariat and other	Comparative quantitative analysis of information sources for 1996, and for the period 1999-2001.

⁵ The sources of data in this design table are described in generic terms, such as key informants, for brevity. The next stage of the assignment, a preliminary visit to the Secretariat and the pilot country visit, will enable the team to identify specific respondents either as individuals or by their positions held. Throughout the enquiries the ET will endeavor to ensure that men and women are equally represented on all occasions where the ET has the power to do so.

⁶ The shorthand term 'donors' is used to indicate OECD countries. Reference to developing countries includes both developing countries, and Eastern Europe and the Commonwealth of Independent States (CIS).

UNAIDS Functional area: (A) Policy advocacy for increased awareness and commitment				
Counterfactual proposition: In the absence of UNAIDS, the dimensions and impact of the epidemic would not have been openly acknowledged by so many governments, decision-makers and opinion-leaders				
Issues/hypotheses	Questions	Indicators/information	Sources of data ⁶	Analysis
	commitment from UNAIDS' efforts create an environment that offers better prevention, support and care options for those who are concerned?	detail), timeliness (date of most recent data) and accuracy (declared levels of confidence in reported figures) of information. A6: Evidence of use of information in different settings. A7: Evidence of improvements in quantity and content of information about responses. A8: Perceptions of improvements in extent of sharing of information	stakeholders. A6: Interviews with <u>users of information</u> . (National) A7: Desk review of <u>published sources of data and information</u> over the time period. (Global & regional) A8: Interviews with <u>practitioners</u> and <u>policy makers</u> at developing country level. (National)	Qualitative analysis of opinions, ideas and comments of key informants. Comparative qualitative analysis of information sources for 1996, and 1999-2001. Qualitative analysis of opinions, ideas and comments of key informants.
Issue: The functioning of UNAIDS advocacy processes designed to achieve greater public/political awareness and commitment in terms of human and financial resources Hypothesis: Political commitment has been expressed in tangible ways, including increase in resources, partnerships and social mobility	How have UNAIDS structures and strategies helped to increase awareness w.r.t. HIV/AIDS and to enhance the political commitment to addressing the epidemic at the global level? What were the primary external and internal reasons for their success or failure? How do they compare to other experiences? Were the UNAIDS advocacy frameworks in tune with the evolving requirements of the worldwide epidemic?	A9: Number and perceived importance of specific partnerships identified by key informants A10: Perception of key informants about the secretariat and cosponsors contribution to partnerships A11: Extent of coverage of the epidemic in sectoral policy or strategy documents A12: Perceptions by key informants of the influence of the secretariat and cosponsors on sectoral mobilisation and mainstreaming	A9-10: <u>Key informants</u> in cosponsor, developing country, donor, NGO, private sector and target groups (Global & national) A11: Cosponsor, donor, developing country and target group <u>policy and strategy documents</u> from the period pre-1996, and 1999-2001 A12: Current and past <u>key</u>	Qualitative analysis of opinions, ideas and comments of key informants Comparative qualitative analysis of information sources for 1996, and 1999-2001. Qualitative analysis of opinions, ideas and comments

UNAIDS Functional area: (A) Policy advocacy for increased awareness and commitment				
Counterfactual proposition: In the absence of UNAIDS, the dimensions and impact of the epidemic would not have been openly acknowledged by so many governments, decision-makers and opinion-leaders				
Issues/hypotheses	Questions	Indicators/information	Sources of data ⁶	Analysis
			<u>informants</u> in cosponsor, developing country, donor, NGO, private sector and target groups	of key informants
	Through which particular channels has UNAIDS been able to raise awareness and forge political and resource commitment at the national and regional level? What worked and what did not? Did UNAIDS enhance or supplant existing local/national/regional energies to deal with HIV/AIDS issue?	A13: The extent (number and scale) of involvement of different groups in society (NGO, private sector, marginalized groups) A14: Perceptions by key informants of the influence of UNAIDS on broad-based social mobilisation and expansion to social, economic and development issues A15: Quantitative analysis of budgeted and actual commitments at global and national levels	A13: Records of partnerships at national level (minutes of CTG and other meetings) A14: Current and past <u>key informants</u> in cosponsor, developing country, donor, NGO, private sector and target groups A15: Cosponsor and donor records for global resources, from the period pre-1996, and 1999-2001	Qualitative analysis of opinions, ideas and comments of key informants Quantitative analysis of data up to the most recent years' statistics

UNAIDS Functional area: (B) Information to expand capacity and knowledge				
Counterfactual proposition: In the absence of UNAIDS, countries would have had limited access to information and to sources of technical support				
Issues/hypotheses	Questions	Indicators/information	Sources of data	Analysis
<p>Issue: The access to and use of unbiased and state-of-the-art best practice information and technical resource networking</p> <p>Hypothesis: UNAIDS has improved the availability and quality of best practice information and technical resource networking to meet the demand of users</p>	To what extent have UNAIDS information activities improved the availability and quality of information and advisory resources pertaining to the global aspects of HIV/AIDS? Has the information been focused on priority concerns in dealing with the pandemic?	<p>B1: Procedures established by the secretariat and cosponsors for identifying promising and innovative policies, strategies and actions</p> <p>B2: Range of gaps identified by secretariat and cosponsors</p> <p>B3: Perception of key informants of role of the secretariat and cosponsors in identification</p> <p>B4: Perception of responsiveness to demand for UNAIDS services and relevance by national partners</p>	<p>B1: <u>document review</u> and <u>interviews</u>, secretariat; cosponsors (global and national)</p> <p>B2: <u>document review</u></p> <p>B3: <u>interviews</u> secretariat; cosponsors (global & national)</p> <p>B4: <u>interviews</u> at developing country level government officials; NGO; PLWHA</p>	<p>Analyse policies, strategies and actions taken by secretariat and cosponsors</p> <p>Analyse documents and perceptions of key informants with regard to the priority given to capacity reinforcement</p> <p>Analyse perceptions of key informants of role of UNAIDS in identification</p> <p>Analyse interviews to assess approach used to mainstream AIDS on development and research agenda</p>
	To what extent have UNAIDS services boosted the state of information of regional/ national - level policy makers and protagonists dealing with the health, societal and developmental aspects of HIV/AIDS? In result, have the latter's decisions and actions become more sensitive to the needs of an expanded response to the epidemic?	<p>B5: Procedures established and actions taken to assist countries in translating approaches to their needs</p> <p>B6: Evidence from Secretariat and cosponsors of best practices dissemination</p> <p>B7: Evidence of access to, use and satisfaction with best practices information</p> <p>B8: Evidence of UNAIDS action in helping establish technical resource networks</p> <p>B9: Range, types and relevance of capacity building activities held in countries for information sharing,</p>	<p>B5: <u>document review</u>; <u>interviews</u> at developing country level with cosponsors; donors; government officials; NGO; PLWHA</p> <p>B6: <u>document review</u> of administrative records</p> <p>B7: <u>document review</u> official circulation list; <u>interviews</u> at developing country level with cosponsors; donors; government officials; NGO (national & field)</p> <p>B8: <u>document review</u> at secretariat; cosponsors</p> <p>B9-10: <u>interviews</u> at developing country level with cosponsors; donors; government officials; NGO; PLWHA</p>	<p>Analyse evaluation reports and users' perceptions with regard to relevance, dissemination, constraints, and measures initiated to improve access, exchange and use of best practices collection and identification of other useful methods</p> <p>Analyse interviews to assess approaches used to facilitate networking and partnerships; and effects of UNAIDS' support to partnerships development and horizontal learning at developing</p>

UNAIDS Functional area: (B) Information to expand capacity and knowledge				
Counterfactual proposition: In the absence of UNAIDS, countries would have had limited access to information and to sources of technical support				
Issues/hypotheses	Questions	Indicators/information	Sources of data	Analysis
		<p>peer support and collaborative action</p> <p>B10: Perceptions of recipients of support about quality and responsiveness of UNAIDS</p> <p>B11: Examples of horizontal transfer of information from one country to another and between stakeholders</p>	<p>B11: <u>interviews</u> at developing country level with cosponsors; donors; government officials; NGO; PLWHA (national)</p>	<p>country level</p> <p>Qualitative analysis of perceptions of recipients of support about quality and responsiveness of UNAIDS</p> <p>Qualitative analysis of perceptions of recipients of information</p>
<p>Issue: The functioning of UNAIDS information and technical resource channels for disseminating and sharing critical knowledge to improve responses to the epidemic</p> <p>Hypothesis: Direct support has helped to build capacity at national level</p>	<p>How have UNAIDS information activities and resource networking been deployed at the global level to overcome knowledge deficits and imbalances? Which types of operations were successful/unsuccessful, for what reason and under which circumstances? Are there lessons to be drawn from comparable efforts? Did UNAIDS information efforts and technical resource networking target critical issues for improving the global response to the epidemic?</p>	<p>B12: Evidence and types of demand for support from organisations or countries to secretariat and cosponsors</p> <p>B13: Evidence of responsiveness and quality/quantity of support supplied by secretariat and cosponsors</p> <p>B14: Access to support by NGO and PLWHA networks</p> <p>B15: Perceptions of recipients of support about quality and responsiveness of UNAIDS</p>	<p>B12: <u>interviews</u> at developing country level cosponsors; donors; government officials; NGO; PLWHA</p> <p>B13: <u>interviews</u> CPA, cosponsors</p> <p>B14: <u>interviews</u> at developing country level cosponsors; donors; government officials; NGO; PLWHA</p> <p>B15: <u>interviews</u> at developing country level government officials; NGO; PLWHA</p>	<p>Description of types and scale of changing demand; qualitative analysis of evidence of support and perceptions by users</p>

UNAIDS Functional area: (B) Information to expand capacity and knowledge				
Counterfactual proposition: In the absence of UNAIDS, countries would have had limited access to information and to sources of technical support				
Issues/hypotheses	Questions	Indicators/information	Sources of data	Analysis
	What types of information resources, originating from UNAIDS, were most important to improving national and regional responses to HIV/AIDS? What helped the process of local appropriation of knowledge, what slowed or prevented its effective transmission? Has the information supply been sufficiently customised to local circumstances?	B16: Development of policies and national strategies by sector B17: Improved or expanded implementation of effective activities B18: Perceptions of key informants of the secretariat and cosponsors contribution to changes	B16: <u>document review</u> of policy and strategy documents, project completion reports and evaluations; <u>interviews</u> with government officials (national) B17-18: interviews at developing country level government officials; cosponsors; donors; NGO; PLWHA	Comparative analysis of scope and content of policies and strategies from 1996 and 1999-2001. Quantitative and qualitative analysis of national and NGO capacity. Comparative analysis of available records on project or programme implementation performance and impact from 1996 and 1999-2001

UNAIDS Functional area: (C) HIV/AIDS Coordination and better use of resources				
Counterfactual proposition: In the absence of UNAIDS, the programmes of cosponsors would have been diverse and uncoordinated, with low capacity to support national planning and implementation				
Issues/hypotheses	Questions	Indicators/information	Sources of data	Analysis
<p>Issue: The extent to which there has been harmonisation of policy, strategy and resource use at the global and national levels</p> <p>Hypotheses:</p> <p>a) Coordination activities by UNAIDS secretariat have helped harmonise policy, strategies and resource allocation among cosponsors</p> <p>b) The unified budget and workplan process has improved the efficiency of cosponsor activities and the effectiveness of UN response at country level</p>	To what extent has UNAIDS been successful in forging agreement on and mobilising and entertaining support for a global agenda on HIV/AIDS? Has the global-level response to the pandemic (policies, strategies, resource mobilisation and actions) been adequate in view of the nature and development of HIV/AIDS?	<p>C1: Perceptions of experts in Secretariat, Cosponsors, donors and elsewhere about translation of needs in 1996 and 2001 strategy documents</p> <p>C2: Analysis of cosponsor policies and strategies at global, regional, national and sub-national levels</p> <p>C3: Perceptions of key informants about the influence of the secretariat and cosponsors and extent of clarity over UNAIDS multiple roles</p> <p>C4: Evidence of comprehensiveness of UNAIDS unified budget and workplan vis a vis total efforts of cosponsors, at global, (regional) and country level</p> <p>C5: Evidence in programme and project implementation of co-sponsors coordinating their responses to cross-cutting issues</p> <p>C6: Perceptions of key informants about the influence of the secretariat and cosponsors</p>	<p>C1: <u>Interviews</u> with current and past key informants in Secretariat, cosponsors, donors and other key informants groups <u>Desk review</u> of 1996 and 2001 strategy documents</p> <p>C2: <u>Desk review</u> of 1996 and 2001 cosponsor policies and strategies</p> <p>C3: <u>Interview</u> current and past key informants in cosponsor and donor groups at global, regional and developing country level</p> <p>C4: <u>Desk review</u> of 1996 and 2001 budgets and workplans of UNAIDS and of individual cosponsors, at global, (regional) and developing country level</p> <p>C5: <u>Interview</u> key informants at different levels, of cosponsors, donors, and developing country level actors</p> <p>C6: Idem</p>	<p>Qualitative analysis of opinions and comments of key informants, who are prompted by excerpts of comparative analysis of documents</p> <p>Comparative analysis both over time and among cosponsors</p> <p>Force field analysis with key informants, possibly prompted by excerpts of comparative analysis, on influence of UNAIDS as compared to other influences</p> <p>Comparative quantitative analysis</p> <p>Taking specific cross-cutting issues, follow through from policy to strategy to implementation, from global to sub-national levels. These are likely to be written up as case studies. Ranking or other semi quantitative procedure to indicate the influence of UNAIDS (C7) as</p>

UNAIDS Functional area: (C) HIV/AIDS Coordination and better use of resources				
Counterfactual proposition: In the absence of UNAIDS, the programmes of cosponsors would have been diverse and uncoordinated, with low capacity to support national planning and implementation				
Issues/hypotheses	Questions	Indicators/information	Sources of data	Analysis
		C7: Evidence in programme and project implementation of coordinated responses to issues that cross cosponsors areas of work and those that are outside cosponsors domains	C7: <u>Interview</u> key informants at different levels, of cosponsors, donors, and developing country level actors, particularly NGOs and people representing interest groups.	compared to other influences, at different levels. Case studies, with emphasis on apparently successful arrangements for coordinated responses, and on the mechanisms that made them happen.
	To what degree has UNAIDS been able to foster the development of common national-level and/or regional frameworks for dealing with HIV/AIDS? Do these national/regional frameworks, if any, produce effective responses to the health, social and economical realities of HIV/AIDS in the country/ region?	C8: Extent of programme strengthening through organisational change and capacity/skills complement of the UN, and major non-UN partners at the global, regional, national and sub-national levels C9: Perceptions of key informants of the influence of a) secretariat through the CPA, b) cosponsors in these changes C10: Evidence of number of countries with integrated UN workplans C11: Quality analysis of a sample of integrated UN workplans including their apparent match with national plans C12: Evidence of strengthened and coordinated regional and country	C8: <u>Desk review</u> of strategy documents and workplans of cosponsors, selected donors and NGOs, at various levels C9: <u>Interview</u> key informants of cosponsors, selected donors and NGOs, at various levels C10: <u>Secretariat monitoring data</u> ; Secretariat Developing country Support Department staff C11: <u>Interview</u> secretariat Developing country Support Department staff; national level actors including CPA and developing country theme groups. <u>Desk review</u> of documents. C12: <u>Desk review</u> national, sectoral and private sector plans and	Taking evidence of strengthened capacity as a starting point, qualitative analysis of contributing factors, expressed by key informants. Similarly, where such evidence is lacking, qualitative analysis of impediments, and implications for improvement. Categorisation of UN workplans (criteria to be defined) Comparative analysis of a random sample of UN workplans and the matching national plans. At country level: qualitative analysis with group of country actors. Tabulation of support and actions

UNAIDS Functional area: (C) HIV/AIDS Coordination and better use of resources				
Counterfactual proposition: In the absence of UNAIDS, the programmes of cosponsors would have been diverse and uncoordinated, with low capacity to support national planning and implementation				
Issues/hypotheses	Questions	Indicators/information	Sources of data	Analysis
		<p>level support by the secretariat and cosponsors</p> <p>C13: Perceptions of key informants at national level about the secretariat and cosponsors contribution to improved national planning and implementation</p> <p>C14: Evidence of selectivity in the support given by cosponsors to objectives set in national plans</p> <p>C15: Evidence of speedy action on new realities</p> <p>C16: Perceptions of key informants on influence of the secretariat and cosponsors</p>	<p>commitments; <u>interview</u> national level key informants, such as government staff, donors, NGOs, private sector</p> <p>C13: <u>Interview</u> national level key informants, such as government staff, donors, NGOs, private sector</p> <p>C14: <u>Desk review</u> national plans; cosponsor, donor and NGO records on resource use and on activities in priority areas for 1996 and 2001</p> <p>C15: <u>Desk review</u> sequence of national plans, and/or of other mechanisms that could translate into action, such as sectoral plans and budgets;</p> <p>C16: <u>Interview</u> national level key informants, such as government staff, donors, NGO, private sector and media representatives</p>	<p>On a sample of the above documents (see C15): Qualitative analysis of opinions and comments on factors that steered plans and commitments, including possible role of UNAIDS.</p> <p>Comparative analysis of actual implementation of various plans; indications of factors that decided implementation</p> <p>Starting from new realities facing all countries (e.g. new HIV medications; prevention of MTCT): inter-country comparison of responses to such challenges. This could possibly be studied more extensively in a few selected countries.</p> <p>Qualitative analysis of opinions and comments of key informants; yet aiming for a weighed opinion on factors that contributed to responsiveness, including the role of UNAIDS.</p>
Issue: The functioning of the institutional mechanisms of UNAIDS aimed at enhanced coordination and improved resource allocation	How have the institutional mechanisms of UNAIDS contributed to enhancing coordination and improving resource allocation for the HIV/AIDS response at the global	<p>C17: Perceptions among non-UN informants, of secretariat's leadership in specific areas</p> <p>C18: Evidence of translation of a</p>	C17: <u>Interview</u> donors, NGOs and other key informants at global, regional and developing country level, indicating perceptions on 'leadership' and areas of UNAIDS leadership	Range of interpretations of the meaning of 'leadership', in different functional areas. Ranking of areas of recognised UNAIDS leadership, indicating shifts over time. Comparative analysis of (changes

UNAIDS Functional area: (C) HIV/AIDS Coordination and better use of resources				
Counterfactual proposition: In the absence of UNAIDS, the programmes of cosponsors would have been diverse and uncoordinated, with low capacity to support national planning and implementation				
Issues/hypotheses	Questions	Indicators/information	Sources of data	Analysis
Hypotheses: a) UNAIDS leadership has had a positive influence on the policies and work of the UN system programmes, funds and specialised agencies b) the country theme group and country programme adviser have improved the effectiveness of country-level work	level? What were the primary external and internal reasons for their success or failure? How do they compare to other mechanisms? Have the institutional mechanisms of UNAIDS been sufficiently responsive to the global scope and epidemiological diversity of HIV/AIDS?	leadership function into the work of cosponsors at global and country levels C19: Assessment of relevance and efficiency of operations and performance of a) CPA, and b) Country Theme Groups (CTG) on HIV/AIDS w.r.t. other theme groups and the resident coordinator system C20: Assessment of the performance of CTG meetings: clarity of objectives; membership; attendance; and chairing C21: Evidence of outputs from CTGs C22: Perceptions of members and non-members of CTGs about relevance and outputs	C18: Cosponsors, and their strategies and workplans at global, (regional) and developing country level C19: <u>Records and monitoring instruments</u> of Secretariat; of cosponsors at global level. Cosponsor, donor, NGO and other groups of key informants, at both global and developing country level. C20: <u>Records of CTG meetings</u> ; key informants within and outside CTG, at developing country level C21: <u>Desk review</u> of documents produced, and of (parts of) recent key documents influenced by CTG, as per suggestions of key informants C22: <u>Interviews</u> at developing country level Cosponsor, developing country, donor, NGO and other groups of key informants, on weight of CTG in decisions taken.	in) organisational structures and mechanisms among cosponsors, in so far as related to HIV/AIDS leadership role. Quantitative and qualitative analysis of documents; qualitative analysis of opinions. Comparative analysis of different types of CTGs, and their performance. Possibly SWOT analysis, and/or self evaluation. Analysis of linkages between recent decisions taken at country level and support given by CTGs to that effect. Qualitative analysis, possibly tracing a few recent and significant decisions and exploring CTGs' role in them. Plus self-evaluation on missed opportunities of supporting country level decisions.

UNAIDS Functional area: (C) HIV/AIDS Coordination and better use of resources				
Counterfactual proposition: In the absence of UNAIDS, the programmes of cosponsors would have been diverse and uncoordinated, with low capacity to support national planning and implementation				
Issues/hypotheses	Questions	Indicators/information	Sources of data	Analysis
	Under which circumstances and how have UNAIDS efforts helped promote greater coordination and more appropriate allocation of resources at national/ regional levels? Have UNAIDS services supporting national/ regional coordination been properly adapted to local arrangements and conditions?	C23: Opinions of key informants at cosponsors, donors and country levels C24: Opinions of secretariat, cosponsors, donors and country key informants C25: Analysis of resource commitments and evidence of efficiency gains	C23: <u>Interview</u> key informants at head quarter levels, and in countries that belong to UNAIDS sub-regions C24: <u>Interview</u> secretariat, cosponsors, donors and developing country key informants, not least the CPA him/herself. C25: <u>Desk review</u> of documents	Qualitative analysis of perceived added value of inter-country and regional teams. Qualitative analysis of opinions and comments, placed in country context, and linked with country level evidence

Table 6 Issues and questions for study of governance, organisation and management

Relevance				
Is the UNAIDS governance framework optimally supporting an expanded response?				
Issues	Questions	Indicators/information	Sources of data	Analysis
The appropriateness of the UNAIDS set up for governing the service relationship between the global community and the UN organisation for an expanded response to HIV/AIDS as well as for governing related UNAIDS internal partnership relations	Service relationship (external): Has the global community been able to focus the UN system on effectively supporting its needs in dealing with global public goods aspects of the HIV/AIDS pandemic? Is the governing body of UNAIDS (Programme Coordinating Board-PCB) sufficiently representative to guide an expanded response? Does the governing body of UNAIDS adequately fulfil its oversight functions? Is its oversight role properly defined and clearly understood including with respect to the governing bodies of the cosponsors? Has authority been properly assigned to the organizations of the UNAIDS partnership? Does the set up of UNAIDS assure clear accountability for results? Are resources channelled to UNAIDS commensurate to the scope of expected services? How effective is the governance model at the national/regional level? Has the balance of institutional responsibilities shifted over the course of UNAIDS' lifetime?	Opinions of political leaders in OECD and programme countries and international and national civil society and NGO leaders.	Interviews during programme country/OECD country visits.	Qualitative analysis of views.
		Evidence that PCB has called on UNAIDS to adjust its activities. Evidence that PCB is collecting and processing monitoring and evaluation results.	Review of mandates, PCB minutes. Interviews with PCB members.	Qualitative analysis.
		Evidence of misallocated authority, misaligned incentives, and wasteful resource use and inefficiencies.	Management audits of UNAIDS.	Qualitative analysis.
		Budget shortfalls, unmet resource requests. Allocation of budget resources between UNAIDS Secretariat and Cosponsors.	Annual Report of Executive Secretary of UNAIDS. Review of PCB/CCO docs. Interviews with UNAIDS Secretariat and Cosponsor Managers.	Qualitative analysis. Qualitative analysis Qualitative analysis
	Partnership (internal): Are the arrangements for governing partnership relations of UNAIDS internally compatible with its external governance structure? Are reporting relationships and accountability amongst UNAIDS partners with regard to services and outputs well defined? Is there a clear sense of direction and leadership? Are there effective remedial	Conflicting or not fully harmonised decisions of CCD and PCB.	Interviews with UNAIDS Secretariat and Cosponsors. Review of PCB/CCO documents.	Qualitative analysis
		Evidence of frictions between UNAIDS Cosponsors.	Interviews with UNAIDS Secretariat and Cosponsors. Comparison of alternative models of dealing with global public goods.	Qualitative analysis Comparative institutional analysis.

Relevance				
Is the UNAIDS governance framework optimally supporting an expanded response?				
Issues	Questions	Indicators/information	Sources of data	Analysis
	and conflict resolution mechanisms? Does the “Co-sponsor-Secretariat” model fit the requirements of serving an expanded response to the HIV/AIDS epidemic? How does the partnership model work at the local (national/regional) level? Are there imbalances in the current partnership that may affect its overall performance? Are there lessons from alternative governance models that may be usefully applied to the UNAIDS programme? Is the UNAIDS partnership a model for future UN collaboration on global public goods?	Transaction cost differences. Evidence of frictions and/or inefficiencies.	Theme group assessment. ICT assessment, if any. Interviews with UNAIDS partners at country and regional levels	Qualitative analysis.

Efficiency				
How well were the processes managed and organized?				
Issues/hypotheses	Questions	Indicators/information	Sources of data	Analysis
The cost-effectiveness of UNAIDS internal work arrangements and processes (amongst co-sponsors and between co-sponsors and secretariat)	Actors: Have the organisation and operations of UNAIDS adequately reflected the comparative advantage and mandates of the co-sponsors in the various functional and thematic areas? Has the UNAIDS Secretariat met the support requirements of the co-sponsors in terms of policy development, strategic planning, operational and resources management, external relations, and any other central functional areas? How have the relationships evolved?	Evidence of frictions amongst co-sponsors and between co-sponsors and secretariat on areas of responsibility, realignment of responsibilities within partnership Opinions of relevant co-sponsor staff on degree and quality of secretariat support, opinions of secretariat staff on performance of co-sponsors. Supportive evidence.	Minutes of CCO and Inter-Agency Task Team meetings. Survey/profile of co-sponsor activities. Mandates. Interviews during co-sponsor/secretariat HQ, regional and country visits). File/document review.	Assessment of activities against mandates and UNAIDS cooperation agreement. Qualitative assessment.
	Instruments: Have the work modalities and instruments of UNAIDS been effective for planning, managing, financing, supporting, and monitoring the programme at the global, regional, and national levels? Committee of Co-	Quality and coherence of UNAIDS outputs (materials and support systems for advocacy, information, and coordination)	Enquiry with UNAIDS clients (users of services) at country regional and global level). Existing valuations and surveys.	Qualitative assessment.

Efficiency				
How well were the processes managed and organized?				
Issues/hypotheses	Questions	Indicators/information	Sources of data	Analysis
	sponsoring Organisations (CCO) – Unified Budget and Workplan (UBW) – Country Theme Groups (CTG) – Country Programme Advisors (CPA) – Inter-Country Teams (ICT). Have they been properly integrated with other national and UN programming instruments? Which factors have impeded the proper functioning of those instruments? Have there been problems in the working of the partnership due to malfunctioning or missing instruments? Are the present instruments enabling UNAIDS to deal with the current and future challenges of the epidemic?	Evidence of streamlined and properly integrated processes or of duplication, wastefulness, resource misallocation, etc.	Oral descriptions and documentation relating to particular processes.	Sample analysis Analysis on whether conjectural output required to deal with future challenges of HIV/AIDS can be achieved with current means and processes.
	Costs: What has been the cost of running a joint programme compared to alternative forms of cooperation? Do the results justify the means? Could some of the same results have been achieved at a lower cost?	Cost of particular processes involving inter-agency cooperation and coordination	Internal and external audit data, annual reports, accounting data of UNAIDS and alternative forms of partnerships.	Comparative analysis.

Thematic content areas

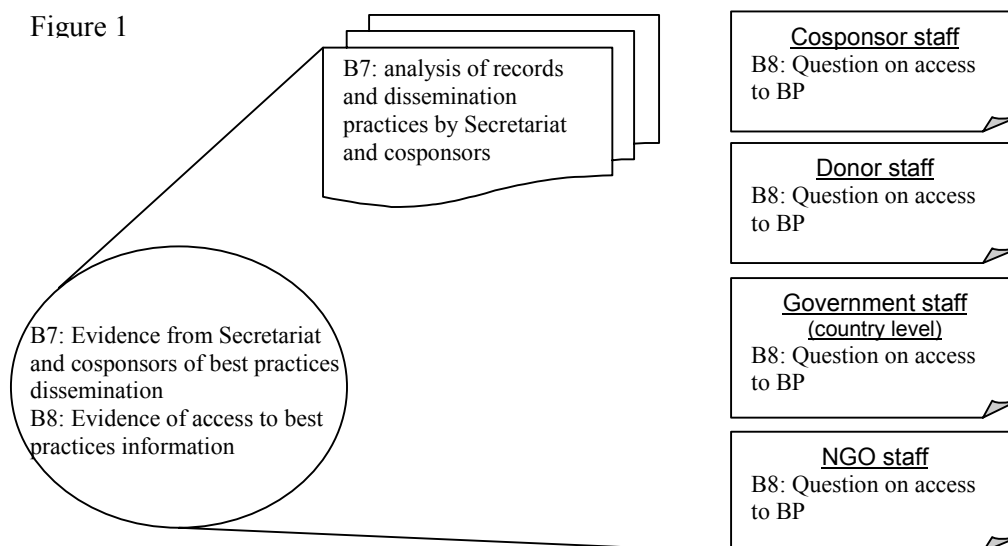
4.7 The evaluation team has been reluctant to single out certain thematic areas, and neglect others. Yet the team recognises that an assessment of the role of UNAIDS in increasing attention to social, economic and development issues is helped by a focus on content areas. Certain content areas – such as migration – have an inherent cross-border dimension. Many thematic areas are relevant at different levels in all HIV/AIDS affected countries, and could thus be selected for country level, regional and global enquiries on the added value of UNAIDS. Where the evaluation needs to be selective and specific, as in ‘light questionnaires’ to a wider range of countries, and in ‘light enquiries’ on regional dimensions, the focus will be on selected thematic areas as a basis for comparison of the role and added value of UNAIDS in different situations.

4.8 The evaluation team will respond to the observations and views on thematic priorities in the countries to be visited taking note of the following broad criteria of importance:

- Major human and public health interest
- Relevant, irrespective of geographical location and level of enquiry
- Including aspects such as human rights, equity and gender
- Cross-cutting interest for several co-sponsors
- Major current interest, and likely to remain so

Development of interview guides

4.9 The evaluation framework in Tables 4 to 6 sets out the information to be collected and the sources and analysis of that information. After the approval of the Inception Report by the ESP, the evaluation team will develop interview guides and questionnaires, structured by source or respondent. Figure 1 illustrates this process.



4.10 Topic lists and question guides will be produced for the Secretariat – HQ and for interviews with the Regional teams and CPAs; for developing country ministries, agencies and departments; for cosponsors at HQ and in developing countries; for OECD donors; for NGOs; for private sector organisations and for influential individuals. Information from OECD donors, NGOs, private sector organisations and influential individuals will be collected from face to face or telephone interviews, during visits to cosponsors, the secretariat

and developing countries. Contacts with private sectors will include institutions such as pharmaceutical companies, condom suppliers, test kit suppliers, Coca Cola, Nike, Gates Foundation, Soros Foundation, Turner Foundation, International insurance companies etc. While in Geneva, information will be obtained from other UN agencies than the cosponsors, in particular the ILO and UNHCR. Missions from developing countries will also be contacted to complement the information from country visits.

OECD countries

4.11 The evaluation team will visit UNAIDS-linked government departments in a sample of OECD countries chosen to reflect the scale of financial contribution to UNAIDS and extent of interest in and involvement with the joint programme. Visits will be made to the USA, Japan, Netherlands, UK, France, Canada and the Nordic countries. For the Nordics, the evaluation team will try to meet representatives from the four major countries in one of the Nordic countries. The team will also visit the EU. The team will obtain information from other countries by means of questionnaires or other techniques and try to meet representatives of some countries such as Germany and Italy in Geneva. The subject of these meetings will be derived from the issues set out in Tables 4 to 6, and will include a review of the mobilisation and application of resources.

Non-governmental organisations

4.12 NGOs are an important potential source of information for the evaluation. The PCB of UNAIDS is unique in having NGO representatives as observers, and NGOs have long been at the centre of 'bottom-up' efforts to tackle the epidemic and represent the needs of people living with HIV/AIDS. The evaluation team plans to meet with a wide selection of NGOs chosen to represent various interest groups including: development NGOs, health NGOs, HIV/AIDS NGOs, PLWHA, youth, women, religions, men who have sex with men (MSM), injection drug users (IDU) and harm reduction networks.⁷ Most organisations have been recommended by key informants during the inception stage and the stakeholders' workshop and the list will be discussed and completed during the co-sponsors, OECD donors, regional and country visit processes.

5 EVALUATION PROGRAMME

5.1 This section sets out the main elements of the evaluation programme, starting with visits to the cosponsors. Proposals for the selection of countries and details of an illustrative country visit programme are given next, followed by a review of our proposed approach to thematic studies.

⁷ For example: Development NGO: Enda Tiers Monde, Foster Parents Plan, CARE; Health NGOs: International Federation of Red Cross/Crescent Societies, Family Health International, Global Health Council, MSF; HIV/AIDS NGOs: Civil-Military Alliance to combat AIDS, International HIV/AIDS Alliance, The AIDS Support Organization, ICASA, AFRICASO, APCASO, LACCASO, EUROCASO, SANASO, National HIV/AIDS networks (GHANET, ANCS Senegal, Initiative Privée et Communautaire de Lutte contre le SIDA Burkina Faso, Uganda Network of AIDS Services Organizations, AIDS NGOS Networks in East Africa, Kenyan AIDS Consortium, etc. PLWHA networks: GIPA Greater Involvement of PLWHA, GNP+, All-Ukrainian Network of PLWHA (Ukraine), International Community of Women Living with HI/AIDS. Women' NGOs: Society of Women Against AIDS in Africa, Women's voice Malawi, etc. Religious networks: The Salvation Army, Conferences of Churches, Catholic Relief Services. Youth groups: World Association of Girls and Guides and Girls Scouts.

Visits to cosponsors

5.2 Cosponsor visits form an integral part of the study. They will address the core evaluation issues and questions identified in this document from a cosponsor perspective. The studies cover both headquarters and country operations. Enquiries will examine cosponsor work both horizontally – in terms of the joint programme and other collaborations; and vertically – between headquarter and country operations. The evaluation framework for governance, organisation and management is shown in Table 6 (which also includes some aspects to explore at regional/national level, and with OECD donors).

Scope of work

5.3 The general objective of the evaluation is to establish the relevance and effectiveness of UN system partnership and actions for an expanded response to the HIV/AIDS epidemic. To this end the evaluation will assess the co-development of the participating cosponsors under the influence of the UNAIDS Programme, with reference to their mandates, policy guidance by their governing boards, organizational setups, staff commitment, and resource allocations. Comparisons with alternative programme mechanisms will be the subject of a thematic study described below. The visits will also be used to gather specific information on the countries to be visited. Issues to be examined, building on the questions in Tables 4, 5 and 6, include:

- The quality of coordination support provided by the UNAIDS secretariat; particular attention will be paid to the institutional perception of UNAIDS and its impact on collaboration.
- The visits will look at evidence and success of joint policy advocacy, coordination, and information activities by cosponsors under the umbrella of UNAIDS, including both the programme's influence on policy among cosponsors and the value of each cosponsors contribution to the joint programme.
- The programme and budget allocation process linking the UNAIDS Unified Budget and Work Plan and each cosponsors' own will receive particular attention as will the related governance mechanisms.
- An attempt will be made to determine the cost of partnership coordination for the various co-sponsoring agencies.

5.4 The visits to cosponsors will be linked to the subsequent visits to the secretariat and to countries, where specific issues will be followed-up, and the country and regional dimensions of organisation and management will be studied.

Methodology

5.5 The evolution of the organisation's HIV/AIDS involvement will be documented through a ***desk study/literature research*** of policy and strategy documentation, to be carried out ideally in advance of the visit.

5.6 Evaluators will apply ***semi-structured interviews*** from common interview guides. Interviews will span operational managers, technical experts, senior management, and as appropriate governing board members of each institution. Where appropriate, group meetings will be held representing a horizontal or vertical cut of the organisations.

Selection for country visits

5.7 The selection of countries is a key element of the study. The quality and representativeness of the findings are dependent, in large part, on the countries to be visited,

so this process has been a major preoccupation of the evaluation team during the inception phase.

5.8 Country selection was guided by a number of considerations. For example, the wish to learn as much as possible from a relatively small sample and at the same time to capture the diversity of ways in which the epidemic affects countries in different parts of the world. Country studies should enable the team to study the added value of UNAIDS to national responses to the epidemic in a cross section of settings. In order to achieve this, the selection has been organised to maximise diversification. Following discussions at the stakeholder workshop the country data collection has been organised in the following way. Firstly, a small number of countries, chosen against criteria that are described below, will be visited by members of the evaluation team. Secondly, in those locations where relevant regional bodies are also active, the evaluation team will visit regional offices to study the regional dimension of HIV/AIDS programmes. Thirdly, data will be gathered using a light questionnaire from key informants in a larger sample of countries. This form of self-evaluation is described later in this section. In addition, and in keeping with recommendations made during the stakeholder workshop, the evaluation team hopes to benefit from other data collection efforts such as an in-depth study planned by the Secretariat, on functioning and achievement of theme groups.

Sample size

5.9 The number of countries to be visited is essentially a compromise between duration of visit and number of countries. The guidelines for the evaluation were that 6 countries would be visited. Resources were originally indicated for a period of one week per country for a team of three international and one national or regional consultants. If all the major geographical regions were to be included, this would have meant only two countries in Africa being sampled.

5.10 The evaluation team has examined the purpose, and structure of the country visits and sought advice from evaluation units of the cosponsors. The consensus among evaluation practitioners is that the sample should sacrifice number of countries for depth of coverage, but that the sample should also be structured so as to provide wide regional coverage and a range of prevalence and other criteria.⁸ Two approaches were considered: a larger sample of 12 to 14 countries, but with a short visit of one week; or a small increase to 9 countries, to enable broader regional coverage, but a longer visit of two weeks. The evaluation team proposes the latter alternative. The evaluation team has therefore based plans on a visit lasting longer than one week, but with a sufficient number of countries to enable significant consideration of regional factors in the conclusions.

Sample selection

5.11 The criteria put forward in the draft Inception Report have been refined, taking into account the extensive comments received. In order to draw conclusions about the added value of the Joint UN Programme, the countries have been chosen to represent diverse experiences against a number of objective criteria. These criteria are listed below. First, those criteria defining characteristics for which a spread of values is desired:

⁸ Comparisons were sought with a number of current and recent global evaluations: UNDP Impact Evaluation of UNDAF visited 6 countries - Colombia, Ghana, Romania, Senegal, Viet Nam and Yemen; Evaluation of the UN Capital Development Fund visited 8 countries – Cambodia, Mali, Malawi, Mozambique, Senegal, Tanzania, Uganda, Viet Nam; the forthcoming evaluation of the Comprehensive Development Framework is designed to visit 6 countries – Bolivia, Burkina Faso, Eritrea, Romania, Uganda and Viet Nam

- representation from the major continents including small island states
- a range of small, medium and large countries, skewed towards large and populated countries
- a range of GNP (gross national product) per capita
- a range of HIV/AIDS prevalence, including all main modes of HIV/AIDS transmission, sampled from countries with generalised and concentrated epidemics
- different levels of UN presence and strengths
- different levels of response to the pandemic

Second, criteria which several countries should fulfil, but not all:

- participation in a regional HIV/AIDS initiative

Third, criteria which at least one country should fulfil, some of which are subjective:

- at least one country with low prevalence but evidence of the potential for a dramatic increase
- a country with no CPA or a recent appointment
- regional centre of one or more cosponsors

5.12 Many of these characteristics were factored into the original selection. Table 7 contains a purposive sample of countries that meet the overall criteria. Four countries are from Africa; one from Latin America; one from the Caribbean; two are from Asia and one is from Eastern Europe. The countries range in size from Trinidad and Tobago to India, Indonesia and Ukraine. Per capita GNP is less than \$500 in three countries, from \$501 to \$1000 in a further three countries, and over \$1,000 in another three countries. The high GNP countries come from a range of different socio-economic structures. The evaluation team used the WHO/UNAIDS classification of adult prevalence for statistics of prevalence. The countries chosen reflect both a range of prevalence from less than 0.1 per cent to 25 per cent; and a range of absolute numbers, from less than 10,000 to over 3 million.

5.13 Several countries will bring experiences to inform about regional initiatives: Argentina for the Southern Cone; Trinidad and Tobago for the Caribbean; Indonesia for the ASEAN Task Force. In addition, the African countries are participants in the IPAA and among them, Burkina Faso was selected in the first phase of activities. Zimbabwe is a country where several cosponsors have regional offices.

5.14 The resulting list of countries in Table 7 was made against the objective criteria. By inspection, the group of countries is seen to meet the additional subjective criteria. Two countries are said to have low prevalence but with the potential for an explosive increase. The CPA was appointed in Eritrea less than 18 months ago; the CPA for Ukraine also provides support to four other countries. Informed observers consulted by the evaluation team consider that the countries also reflect a spectrum of political and social commitment and support.

Table 7: Countries selected for UNAIDS Five-year evaluation

Country	Adults living with HIV/AIDS x 1000 ¹	Adult rate ¹ (%)	GNP ² per capita (USD)	Participation in a regional HIV/AIDS initiative	Other ³
Namibia (pilot country visit)	150	19.54	1,940	IPAA	Part of area of influence of Pretoria-based UNAIDS inter-country team
Mozambique	1,100	13.22	210	IPAA	Part of area of influence of Pretoria-based UNAIDS inter-country team. High prevalence and low income country.
Burkina Faso	330	6.44	240	IPAA	Selected in the 1 st set of IPAA countries Part of area of influence of Abidjan-based UNAIDS inter-country team.
Eritrea	49	2.87	200	IPAA	Post conflict situation CPA has been there for just over 1 year only.
Argentina	120	0.69	8,970	Southern Cone	Example of a country where civil society galvanises the UN system. Opportunity to be informed about regional initiatives
Trinidad and Tobago	7.6	1.05	4,250	Caribbean Partnership against HIV/AIDS	Registered interest in collaborating with UNAIDS on care and treatment. Opportunity to meet regional players
India (2 states to be decided)	3,500	0.70	430		Low current prevalence but the potential for explosive increase. Variety of types of HIV/AIDS epidemics, in different states of India Regional centre of several cosponsors
Indonesia	52	0.05	680	ASEAN Task force on AIDS	Currently low prevalence
Ukraine	230	0.96	850		ICPA (Ukraine, Moldova, Belarus and technical support for Armenia and Georgia)

Sources: 1, UNAIDS (June 2000) *Report on the global HIV/AIDS epidemic*; 2, World Bank (2000) *World Development Report 1999/2000*; 3, UNAIDS Secretariat and/or UNAIDS.org website press releases

Studying the regional dimension

5.15 From the discussions held at the stakeholder workshop, it is clear that an important, if emerging, area of UNAIDS is the regional initiatives. An expanded response would therefore also mean coverage of regional issues.

5.16 During the inception phase, the evaluation team has identified different regional concerns and policy planning /organizational issues. On the one hand, ultimate beneficiaries are concerned by best ways to reduce vulnerability and to cope with the multiple dimensions of the AIDS impact. On the other hand, global action, aid and collaboration seek to maximise the response to the AIDS epidemic at country level through global and regional and joint collaborative efforts and actions. The evaluation will look at how global collaboration, aid and actions meet regional and local expectations. The issues are five-fold:

- **The extent to which regional initiatives are demand-driven**
 - Was there a problem analysis with a clear identification of a regional dimension and rationale?
 - Is there evidence of a demand from regional parties: country governments, civil society and the private sector, and international agencies?
 - Is there evidence of agreement over objectives; scaling up; information sharing; harmonisation of approaches; division of labour among cosponsors; and joint action including monitoring and evaluation?
- **To what extent are programmes developed around cross-border/regional issues and/or initiatives that have the potential to benefit from sharing information with other countries**

- Best Practices collection, dissemination, guidance for implementation and large scale diffusion: WHO, UNAIDS ICT and CPA, all Co-sponsors
- International meetings, conferences or training on STIs/AIDS
- Migration, Prostitution, Refugees, Army, Post conflict situations (Human Rights, UNICEF, etc.)
- Gender issues, Religion, Ethnicity and Culture
- **To what extent are programmes developed around cross-cutting issues related to planning, implementation and large scale diffusion of policies/programmes**
- Development of common policies, strategies and guidelines to provide technical support and guidance to countries (all Co-sponsors)
- Strategic planning, impact and poverty alleviation, infrastructure, capacity building and funding issues: primarily UNDP HIV and Development Programme, UNAIDS ICT and the World Bank's MAP; all UNAIDS Co sponsors planning units,
- Advocacy efforts and Political commitment (High income countries, Bilateral and Donors approaches, developing countries perception and commitment, Other UN agencies not yet part of UNAIDS)
- **Do the regional programmes support cross-cutting issues of interest for several co-sponsors**
- Support to PLWHA and orphans, TB management and access to ARV treatment, MTCT, capacity building initiatives, STIs control (WHO and UNICEF, Pharmaceutical industries, research institutions, etc)
- Youth: Prevention strategies (UNESCO, UNICEF, UNDP)
- **Do the regional programmes support cross-cutting issues that do not fall in any of the co-sponsors mandate but still need to be addressed**
- Specific groups and issues: Human rights, MSM, IDU, Sex workers,
- Community and NGOs participation/involvement,

5.17 The evaluation team plans to tackle the regional dimension in the following ways:

- firstly, to pass through regional centres during the trips to the Caribbean (to Caricom), to Namibia (Pretoria ICT), to Burkina Faso (Abidjan ICT, ILO, UNICEF) and to Asia (Bangkok ICT, UNICEF, UNFPA);
- secondly, to add specific regional questions to the work in some countries: Argentina (Southern Cone), Indonesia (ASEAN), Burkina Faso (International Conference on AIDS and STDs in Africa);
- thirdly, to add enquiries at the cosponsor and donor level into programmes in other regions (e.g. Baltic States);
- fourthly, to include a regional element in questions in all countries; and,
- lastly, telephone and email interviews to key informants in the UN system, former representatives of cosponsors HIV/TB/STDs Departments, regional networks (research institutions, NGOs, etc).

Self-evaluation

5.18 A lighter form of evaluation to complement country visits will serve to get deeper insight in key evaluation issues. The plan is that this can work with the help of regional offices – of cosponsors, inter-country teams and relevant regional task forces. Self-evaluation may initially be driven by opportunity – of the team visiting such offices and making personal contacts - and by regional specifics that merit more attention, which would become apparent during country visits, and visits to regional offices. Regional offices will be asked to help determine which countries would provide contrasting cases for (self) evaluation of the role of UNAIDS. Once the form of the questionnaire is established, a wider casting of the net – for example by posting an invitation on the UNAIDS website to invite country level actors and institutions to participate is conceivable. To get both focus and ownership the evaluation team will have a questionnaire with 10 to 15 open-ended questions that solicit the views on added value of the UNAIDS programme, focusing on thematic areas. The evaluation team will define those focus areas in due course. The questionnaire will be designed to be easily answerable by email and quick to analyse. The questionnaire will be used late in the

evaluation process, after visits to countries and organisations, so it can be based on lessons learned. Where possible this will be an incremental effort in the sense that the form this enquiry takes is adaptive to the results, and that patterns of results are shared – bearing in mind confidentiality.

Box 6 Illustration of a Self-evaluation questionnaire

Introduction:

One aim of the Five-year Evaluation of UNAIDS is to study the *value added* by UNAIDS as compared to other institutional models that could support an expanded response to the HIV/AIDS epidemic. With 'UNAIDS' we mean the United Nations' joint unified programme that became operational in 1996, and that currently has seven cosponsors (Unicef, UNDP, UNFPA, UNDCP, Unesco, WHO and the World Bank) and a Geneva-based Secretariat. The reference to UNAIDS is thus both to the programme, and to the institutional model that was chosen to implement the programme.

We would appreciate to have your opinions on the questions listed below. This questionnaire is also sent to We have tried to limit the questions, but we welcome additional information that you are prepared to share. Please mark answers that you want to be treated as confidential, and indicate who are the respondents of this questionnaire, with their details and (electronic or postal) contact addresses.

A Country level aspects

Please select one thematic area that you feel has been an important and successful component of the response to HIV/AIDS in your country, from the list below:

[List of thematic areas: MTCT, youth, surveillance, men having sex with men, gender, care, human rights, modes of transmission and poverty.]

On this particular thematic area:

1. Have the CPA or any of the cosponsoring organisations with offices in your country helped in a significant way to increase awareness and boost national commitment? If so, please explain how.
2. Through which particular channels have the CPA or any of the cosponsoring organisations been most successful in raising awareness and boosting commitment?
3. Have any aspects of the work of the CPA or any of the cosponsoring organisations been unsuccessful? If so, please explain why and be specific about which cosponsor(s).
4. What, in your opinion, would have happened if the CPA or any of the cosponsoring organisations had not been there?
5. Have the services of the CPA or any of the cosponsoring organisations been properly adapted to local arrangements and conditions? If not, explain in what ways.
6. In what ways would you like to see the services of the CPA or any of the cosponsoring organisations changed in order to improve their effectiveness?
7. How could the CPA or any of the cosponsoring organisations have played a more significant role?
8. Do you have additional comments concerning the role of UNAIDS in other components of the national response to HIV/AIDS?

Please specify a not so successful component of the response to HIV/AIDS in your country:

9. How, in your opinion, could UNAIDS have made a difference?

B Regional aspects

If your country is part of a (sub) regional or inter-country effort that addresses HIV/AIDS, please specify a thematic area that has benefited specifically from this effort:.....

On this particular thematic area:

10. What has the regional programme of UNAIDS done that could not have been done by your

	country acting alone?
	11. Similarly, what part of the success can in your opinion be attributed to the existence of UNAIDS?
	12. Are there any thematic areas for which you think a regional action is required and is not being dealt with? (give specific examples, if possible)
C	For the future
	13. What would be the profile of a global UN programme that is relevant, effective and efficient in supporting an expanded response to the HIV/AIDS epidemic in your country, and in your region?
	14. In what ways would you change a) the organisation (cosponsors and CPA) and b) way of working (UN Theme Group on HIV/AIDS) in order to improve its effectiveness?

Country visit programme

5.19 Visits to programme countries are at the heart of the evaluation since it is in countries that the desired expanded response must materialise and the UNAIDS programme may demonstrate its added value.

Team composition

5.20 Country visits will be by teams consisting of three to four consultants, at least one of which will be a core team member. Other team members will be a national consultant and/or a regional consultant. The evaluation team attaches great importance to including experienced regional consultants, not least because such individuals will be able to set country level findings in a regional context, and to enlarge the evaluation's scope. The consortium's technical proposal listed a pool of experienced international consultants for completion of the teams. The ideal team composition will of course depend on the countries selected, and is therefore deferred until country selection is approved. Preference will be given to staff of the consortium – ITAD, the London School of Hygiene and Tropical Medicine, and the Royal Tropical Institute.

Pilot country visit; schedule of country visits

5.21 A pilot visit to test and finalise the methodology in one of the African countries selected is planned with the core team and one national consultant. Thereafter, country visits will take place in several blocks, with sufficient time for debriefing, and for adjustment of the methodology. The workplan in section 7 gives details.

Preparation

5.22 Country visits will be prepared by the national and/or regional consultants selected. These will advise on dates, contact individuals and make appointments. They will also collect and send relevant materials for desk study so that teams arrive prepared.

Duration

5.21 The duration of the country visits is derived from the estimated time it will take to complete the programme of interviews, and prepare for a final meeting. Meetings will generally take place at the capital, but in-country travel is foreseen for some countries, and this will obviously prolong visits. A duration of 12 days per visit is planned, with extra days for countries where travel is foreseen. In India, several states will be visited and this will

effectively be several evaluations in one country, by the same team. Here a duration of 16-18 days is planned.

Stakeholders

5.23 A broad range of actors will be interviewed during country visits. They are the CPA, representatives of cosponsors (Residents; Focal Points; Advisers), donors (Residents; Focal Points; Advisers), the public sector, the private sector including the media, NGOs including PLWHA representatives, and other key individuals such as politicians, religious leaders and media representatives. Of the public sector, apart from the National AIDS Programme or Coordinating Committee, the Ministries of Health, Education, Rural Development/ Agriculture, Women's Affairs, Youth and the Ministry of Defence are key informants. For these ministries an attempt will be made to meet the Responsible Minister, the top civil servant, the Focal Point for HIV/AIDS, programme and project managers, and representatives of district services.

Methodology

5.24 The methodology for country studies is driven by a need to get answers to questions listed in Table 5, from a broad range of participants, and to have answers structured in a way that allows for unbiased analysis, and for inter-country comparison. ***Semi-structured interviews*** will be conducted based on common interview guides. In group meetings there will be some opportunity for participatory work such as SWOT analysis and force-field analysis. This will generally serve to promote a common understanding of complex issues, and also to get a quantification of qualitative issues – such as the added value of UNAIDS. On selected issues, such as on use of information in different settings more in-depth study may prove to be required. Small sub-studies may then be commissioned, for example to the national consultant.

5.25 The country visits will feature a mix of group meetings and individual meetings. For group meetings some groups of stakeholders may be combined. A proposed schedule is given in Table 8.

Table 8 Proposed schedule for country level meetings

Day	Morning	Afternoon	Evening
Pre visit	Background research and documentation		
1		Travel	
2	Meeting with Resident Coordinator; Country Programme Adviser; Chairperson of UN Theme Group on HIV/AIDS	Meeting National AIDS Programme; and National Aids Council Secretariat	
3	Group Meeting with cosponsors (and other UN agencies active in theme group, if any)	Individual meetings and follow up with cosponsors	
4	Group Meeting with donors	Individual meetings and follow up with donors	
5	Group Meeting of NGOs and Private Sector ⁹	Individual meetings and follow up with NGOs and private sector	
6	Group meeting with public sector representatives including media	Individual meetings and follow up with public sector representatives including media	
7	Team day – analysis and reflection		
8	Group and individual meetings with civil society representatives, CBO		
9	Further interviews, brief field visit, meetings with district/regional managers, data analysis		
10	Further interviews, brief field visit, meetings with district/regional managers, data analysis		
11	Meet Responsible Minister and/or Prime Minister ¹⁰	Prepare for wrap-up meeting	
12	Wrap-up open group meeting	Draft country working paper	
13	Draft country working paper		
14		Travel	
Post visit	Finalise working paper, consult with other team members		

Debriefing

5.26 A wrap-up meeting that will be open to all stakeholders contacted during the visit will serve both as an opportunity for debriefing and for checking findings. For each country visit a country working paper will be produced that will contain findings and issues to take forward to the synthesis report. This paper will be reviewed by the ESP.

Themes and supplementary studies

5.27 The evaluation team has identified two thematic areas that cut across the proposed country and cosponsor visits and will require some additional work for data collection and analysis. They are described here.

Global programmes

Objectives

5.28 The study will help the evaluation to learn about governance and management structures in other programmes and include considerations related to resource mobilisation.

⁹ The meeting with NGOs and the private sector will either be combined or separate, depending on local advice.

¹⁰ A flexible approach will be taken to meeting other ministers if any have a prominent role or actions regarding HIV/AIDS; if there is a cabinet committee the ET will seek to meet with the committee.

The work will consist of a comparative assessment of the adequacy of institutional, organisational and financial arrangements for global programmes, including: the extent to which the programme design was responsive to factors of demand; the arrangements for governance and financial management; the correspondence between objectives of the partners and the objectives of the programme; and the existence of incentives to encourage collaborative working.

5.29 A range of programmes will be reviewed, as comparisons to UNAIDS, selected from, for example: GAVI, TDR, GEF, Global Water Partnership, Urban Management Programme and CGIAR. Selection will be purposive and criteria will include similarities as well as difference from UNAIDS; multisectoriality will also be taken into account.

5.30 The following questions will be considered. Further elaboration is in Table 9.

- What are the arrangements for governance and financial management; how do the different bodies within programmes work together (e.g. UNAIDS secretariat, cosponsors and theme groups)?
- To what extent was the programme design demand-driven by the needs of clients?
- How closely do the objectives of the programme correspond to the objectives of the partners; how have divergent objectives been reconciled?
- What if any incentives have been developed to encourage collaborative working; how successful are these considered to be?
- What are the transaction costs for participants involved in the programme?

5.31 The study should comment on the relationship between the governance of the global programme and the activities/impact at country level. The evaluation team is aware of a forthcoming study by the World Bank into global public goods and will endeavour to draw on the work of that study and avoid duplication.¹¹

Table 9 Data requirements of the Programmes study

Issues ¹²	Hypothesis	Indicators	Data Sources
To what extent was the programme design demand-driven by the needs of clients?	Programmes that are demand-driven are more likely to be effective and sustainable	Origins of the programme; perceptions of clients and partners	Basic documents; interviews
The arrangements for governance and financial mobilisation and management?	Successful programmes have arrangements that empower managers and enable effective decision-making	Characteristics of institutional arrangements	Governance and financial rules and procedures; interviews
How closely do the objectives of the programme correspond to the objectives of the partners; how have divergent objectives been reconciled?	Programmes that build on organisations' objectives will be better supported and more sustainable than 'forced marriages'	Statements of objectives; reports of governing bodies and management	Documents; interviews
What, if any, incentives have been developed to encourage collaborative working; how successful are these considered to be?	Institutional arrangements that provide incentives for programme work create a supportive environment	Evidence of financial and other incentives	Interviews

¹¹ The World Bank and Global Public Policies and Programs: An Evaluation Strategy (under preparation)

¹² The issues listed here will be developed to be congruent with the lines of enquiry set out under the governance aspects of the evaluation, in Table 6, as they are refined during field work.

Issues ¹²	Hypothesis	Indicators	Data Sources
The transaction costs for participants involved in the programme?	Transaction costs should not outweigh benefits, in order for partners to collaborate	Numbers, types and duration of meetings; decision procedures	Interviews of perception of partners and clients

Methodology

5.32 Interviews will be conducted in Geneva and on the telephone or by email with key staff at relevant programmes during October/November 2001. Relevant documents will be obtained in hard copy or from the internet on all programme governance systems and structures as well as reviews of effectiveness and impact at country level. In addition, the study will draw on materials and interviews conducted by the evaluation team during visits to cosponsors and donors.

Report

5.33 A short working paper (max. 20 pages) will be produced for incorporation within the overall analysis of governance. The following list illustrates the structure of the report:

- background, introduction etc. (1 page)
- a description of the current governance structure and financial management system of the UNAIDS programme and how it developed within the UN family (2 pages);
- a summary of other similar and different programme structures and systems (3 pages);
- critical analysis of the extent to which programmes were demand driven (3 pages);
- critical analysis of the divergence or correspondence of programme and partner objectives, including, where necessary, description of how differences were reconciled (3 pages);
- examples of incentives for collaborative working (2 pages);
- comment on the transaction costs for programme participants (2 pages);
- discussion on value added and impact of programmes with different governance structures and financial management systems (1 page);
- comment on relationship with national programmes (1 page);
- conclusion and recommendations for way forward (1 page).

Determinants of impact

5.34 Although the measurement of impact is beyond the current evaluation (para 3.7 et. seq.), the country visits present a valuable opportunity to learn about impact, where such opportunities present themselves. In countries with evidence of an expanded national response that balances efforts to reduce risk, vulnerability and impact, the evaluation team proposes a qualitative study using participatory instruments. The aim will be to draw lessons for institutional arrangements that have been instrumental, in the view of key informants, for a response that is likely to have impact. Participants in this exercise should ideally be a mixed group, representing public sector, private sector, NGOs and notably PLWHA, and key individuals such as religious leaders, politicians and media representatives.

Scope

5.35 The scope of this exercise would be modest as the participatory exercise will have to fit in a half- to one-day session, and will only take place where there is clear evidence of an expanded national response that appears to hold a promise of impact, in the countries visited by the evaluation team.

Methodology

5.36 The methodology will be an historical analysis of the epidemic and the response it provoked. The analysis will be decided by the participants and may take the form of three

stories running in parallel – of the epidemic, of milestones in the response, and of the actors and determinants that were instrumental in the response, with a focus on recent history. Creating visual images of these concurrent stories will help as a prompt to stimulate discussion and generate answers on questions such as: which factors shaped milestones in the response; how important were certain groups of actors, and the way they operated? Ballots may be taken on the answers, which will give a sense of the perceived weight of, for example, the theme group in shaping the national response. Conclusions may then be drawn on ways to contribute to impact, for different groups of institutional actors.

5.37 Findings from the participatory work will be supplemented by a review of international studies undertaken on impact and the degree to which it can be attributed to interventions, and will assess their relevance to this evaluation. Information will be obtained from literature reviews and contacts with OECD countries, cosponsors, and the UNAIDS Secretariat.

Timing and staffing

The session will be timetabled as an additional group meeting during the country visit, and will be led by team members.

6 PROPOSED DISSEMINATION & FOLLOW-UP ACTIONS

6.1 The evaluation is scheduled to take place over a long period of time and there is a danger that findings will become outdated before the final report can be circulated. The dissemination plan is therefore based on the following principles: (i) to have the evaluation findings known; (ii) to enable key stakeholders to use the information for their ongoing policy development in a timely manner.

6.2 The dissemination plan proposes methods and procedures to be followed in making the findings of the evaluation known to the ESP, the PCB, the UNAIDS bodies, the Donor community as well as other stakeholders at global, regional and country level. The plan proposes written working papers at the end of each country visit as well as the final report to be disseminated, oral presentation and workshops to be conducted as the evaluation progresses (country wrap-up workshops) and when it has ended (ESP and PCB meetings – videotaped). The plan expands in two directions: towards the evaluation partners at the global level in order to enhance ownership, and towards the country level participants in order to consolidate and validate the country reports. Table 10 summarises the target audiences.

Table 10 Dissemination network

	Governmental	Non Governmental Organizations and others
Global Level	<p>Core Network Evaluation Supervisory Panel Programme Coordinating Board and CCO UNAIDS Secretariat Cosponsors HQ and evaluation units</p> <p>Expanded International network Other UN agencies (ILO UNHCR) Multi or Bilateral Donors (USAID, EC, Japan, NL, France, UK, Norway, etc) Countries participating in the evaluation</p>	<p>Core Network NGO members of PCB</p> <p>Expanded International network Int'l HIV/AIDS NGOs (Global Network of PLWHA, AIDS Alliance Act-up, religious networks, International Council of AIDS Service Organization, etc)</p>

	Governmental	Non Governmental Organizations and others
Country Level	Secondary network National AIDS Control Programme Line Ministries (Prime Minister, MoH, MoE, etc) UNAIDS Inter-country Teams UN Theme Groups or Expanded Theme Groups Country Programme Advisors Multilateral agencies Governmental Donor representatives	Secondary network National NGOs Networks PLWHA Networks International NGOs: Care, Oxfam MSF, SCF Women and youth organisations Religious networks, etc

Mechanisms and media

6.3 A variety of mechanisms will be leveraged to disseminate evaluation findings or working papers, namely:

- *computer networks to disseminate project findings (PCB Mailing list)*: to alert recipients about the availability of synthesis papers on country visits key findings.
- *wrap-up workshops at country level*: to promote ownership among stakeholders, and to provide realistic guidance to the final analysis evaluation
- *oral presentation during ESP and PCB to present the key findings*: The evaluation team will be represented at PCB meetings. It is considered that this will have the greatest impact in the process of policy development uptake by UNAIDS.
- *press releases*: At the end of the evaluation, the evaluation team and the ESP/PCB will offer a live presentation. This event will be targeted to a selected audience chosen from the evaluation partners at country and global levels. This will be combined with a joint press release to present the evaluation results to the relevant user groups. The presentations will be videotaped and edited on CD for wider dissemination.
- *videotapes and CD*. All relevant oral presentations (press release, PCB Meetings) will be videotaped and edited on CD for wider dissemination (subject to adequate budgetary resources).
- *face to face meetings* to give special briefings to the ESP
- *articles in scientific journals and newspapers* journal articles that use the executive or a targeted summary as a boilerplate may be a good dissemination route in the long run. Although the lag time of getting an article into a journal can be long, the shelf life for such articles tends to be long lasting. The evaluation team will identify two possible journals for submissions.

6.4 A major tool for disseminating the findings of this evaluation will be the world wide web (the URL for UNAIDS internet website is <http://www.unaids.org>). The site will present the evaluation and its findings, as they are reported to the ESP. The ESP will be responsible for updating the site as the evaluation evolves, and for creating links to evaluation partners' websites (UN bodies, donors, www.KIT.nl, www.ITAD.com, www.lshtm.ac.uk, research institutes, etc.). The ESP will also request cosponsors to include a link to the UNAIDS evaluation URL on their own websites.

Dissemination actions and products

6.5 The dissemination strategy is based on the evaluation team producing two types of documents:

- Working documents, which comprise the country visit working papers, a cosponsor working paper, records from other visits and the thematic studies; and
- Formal reports, which comprise the Draft Final report and Final Report.

Country visits:

- evaluation findings will be discussed with country level stakeholders during country wrap-up workshops in a consensus building workshop
- country visit working papers will be produced from each of the nine country visits. The evaluation team will validate each country paper with their interlocutors in the countries. The papers will be given wide distribution after they have been edited by the evaluation team and cleared by the ESP. The papers will be distributed when all the country visits have been completed. In distributing them it will be made clear that they are background working papers and that they do not constitute the results of the evaluation.

Thematic studies and other visits:

- the studies on global programmes and determinants of impact will form part of the evaluation team's internal records and will not be made public. The records of other visits and meetings, including those with cosponsors and OECD countries, will also be internal working documents, not for distribution.
- the evaluation will prepare an internal document that contains in-depth analysis of the three functional areas of UNAIDS and its governance (derived from the issues and questions in Tables 4 to 6). This will form the basis for the Final Report and will be made available to the ESP at the time the Final Report is presented.

Final report:

- the evaluation will prepare a concise Final Report of up to thirty pages and present to the ESP. The proposed structure of the report is in Box 7.
- in addition, a short summary (2-4 pages) report will be written for widespread distribution

Other dissemination actions are outside the direct responsibility of the evaluation team, but might, for example, include:

- to present key findings and analysis at the ESP and PCB major meetings
- press releases
- to edit on CD and disseminate all relevant live presentations together with PowerPoint and report files
- to write articles in scientific journals and newspapers based on the adopted final report

Box 7 Draft table of contents of final report

[Maximum 30 pages]

EXECUTIVE SUMMARY

CONCLUSIONS AND RECOMMENDATIONS

BACKGROUND

HIV/AIDS a global challenge and a global response

THE UNITED NATIONS JOINT PROGRAMME ON HIV/AIDS

ECOSOC objectives

A business model for coordinated global action

GLOBAL SERVICES

Policy advocacy to increase awareness and commitment of resources

Information to expand capacity and knowledge

Coordination and better use of resources

NATIONAL OUTCOMES

Expanded response and potential for impact

INSTITUTION AND ORGANISATION

Governance

The UNAIDS Secretariat

THE DYNAMIC NATURE OF THE EPIDEMIC AND A FORWARD LOOKING PERSPECTIVE

Opportunities and options

Follow-up

6.6 The final report will include an implementation plan for all recommendations. The plan will put forward a schedule, taking account of process and governance issues that will enable stakeholders to monitor the response by the PCB to the evaluation's findings.

Confidentiality

6.7 Publication of all materials from the study is governed by the General Conditions for UNOPS contracts for professional services (specifically Articles 15 and 17). The evaluation team undertakes to ensure that dissemination materials as described above will not include any material that might be construed as sensitive to identifiable individuals. In the event of uncertainty about sensitive content, materials will be submitted to the ESP for their approval prior to being added to the website.

7 WORKPLAN AND BUDGET

7.1 A detailed workplan for stages 2 and 3 of the assignment has been prepared on the basis of the approach set out in this Inception Report. The workplan replaces the plan contained in the evaluation team technical proposal and is the basis of a re-estimated financial budget for approval by the ESP.

7.2 The workplan follows a number of principles set out in the evaluation team's proposal:

- The sequence of activities is planned in such a way as to facilitate learning during the assignment.
- The proposed staffing arrangements are designed to ensure that members of the core team participate widely in the cosponsor and country visits.
- The country visits are planned to include a mixture of national and regional locally-recruited staff in order that the evaluation study benefits from wider regional experience than would be gained from the countries to be visited, and as a capacity-building element to facilitate learning within each region.

Schedule of activities

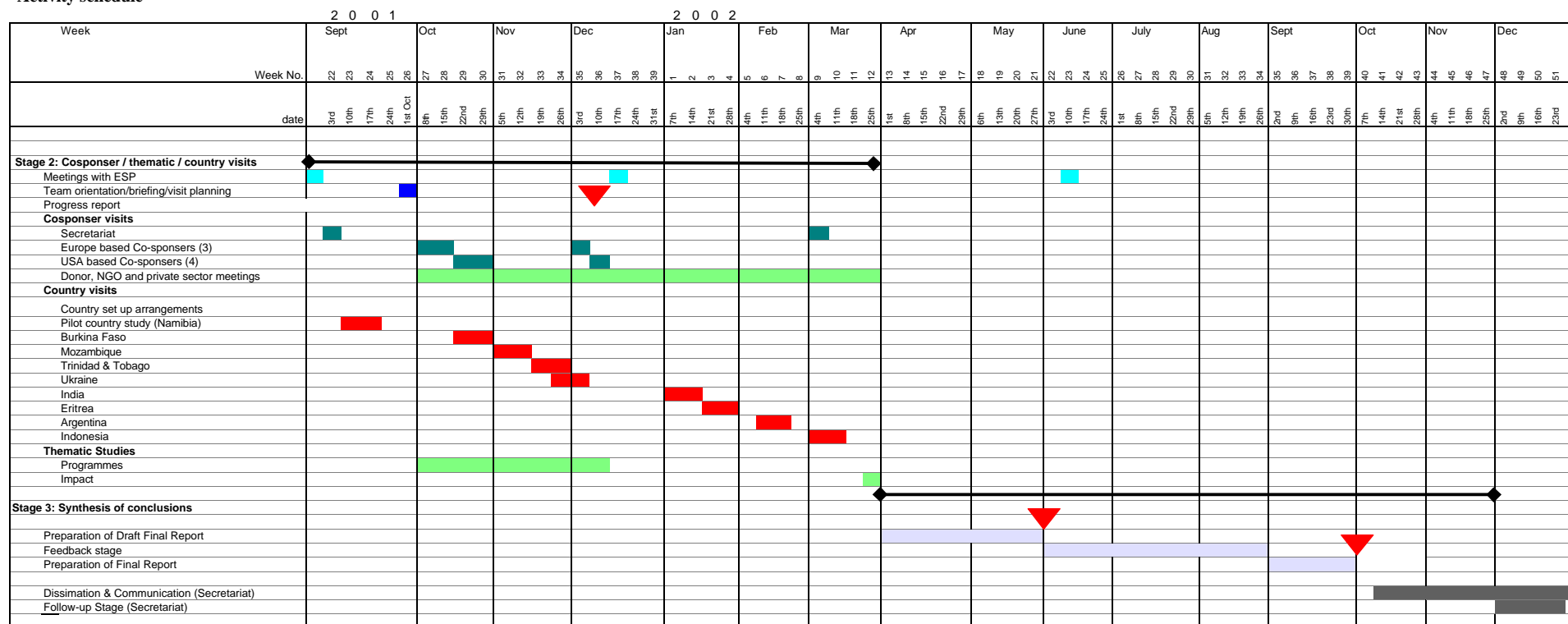
7.3 An activity schedule with details for Stage 2 is contained in Table 12. It is based around the activities summarised in Table 11. The schedule of activities has been designed to create a period of learning for the team, with an initial visit to the secretariat followed by a country visit by the whole core team. The evaluation team will review the study methodology and refine questions and data collection instruments following those visits. The team will then hold an orientation session with members of the expanded team, to explain and brief the field methodology prior to the country visits and thematic studies. The following terminology is used to describe the team members: the core team comprises the four core consultants who will work on all stages of the evaluation; the expanded team refers to additional consultants sourced from ITAD, KIT, and LSHTM, for country visits or work on thematic studies; country teams refer to the core, expanded and local or regionally recruited consultants visiting a specific country.

Table 11 Summary of stage 2 tasks

Date	Task	Team members
2001		
September	Initial visit to Secretariat	Core team
September/October	Visit to 'pilot' country to test and refine methodology	Core team plus national consultant
September/October	Team orientation meeting for the evaluation team	Core plus expanded team
October/November/December	Visits to cosponsors and OECD countries in Europe and North America	Core team members split between locations
October-December	Programmes thematic study	Team members as required
November/December	Visit to four countries	Country teams
December	Meeting with ESP	Core team
2002		
January – March	Visits to remaining countries	Country teams
January – March	Impact evaluability thematic study	Team members as required
March 31 st	Completion of all visits and studies	

Table 12 Schedule of activities for Stages 2 and 3

Activity schedule



The Consortium

7.4 **ITAD (Information, Training & Development)** is a UK based, independent management consultancy providing a high quality, specialised service to find sustainable solutions for clients and stakeholders at all stages of the project cycle. Formed in 1984, ITAD's core skills include Project/programme planning and M&E design, Performance management, Mid-term, completion and impact studies and Policy advisory work and development research.

7.5 **KIT HEALTH** is part of the Royal Tropical Institute (KIT) in Amsterdam. Its staff comprise an international, multidisciplinary team of experts, including specialists in public health, disease control, reproductive health, health economics, nutrition, epidemiology, human resource development, health ecology and social sciences.

7.6 **The London School of Hygiene and Tropical Medicine (LSHTM)** is a respected world authority in the field of HIV and AIDS. It is currently involved in 83 AIDS related-research projects in over 20 countries.

The Evaluation Team

7.7 **Team Leader - Derek Poate** is a co-founder of ITAD. He has a background in project evaluation and substantial experience as a Team Leader of major evaluations for UN agencies, at the institutional, programme and projects levels. He is well respected internationally in this field and is able to deal confidently with complex-inter agency matters at the highest levels.

7.8 **Dr. Tiendrebéogo** is a medical doctor, public health and training specialist. He has more than ten years of work experience in West and Central Africa, including in Senegal, Togo, Benin, Mali, Burkina Faso and The Central African Republic. In the field of the HIV/AIDS, his expertise covers organization of services and networking, training of trainers in HIV and Development, planning, development and evaluation of behaviour change communication strategies and interventions for HIV prevention.

7.9 **Dr Joanne Harnmeijer** is a medical doctor, with public health, HIV/AIDS and gender experience. A Dutch national she has lived and worked in various African countries for over 15 years, and has done consultancies across the sectors, also in Asia. Her interest, and strength, is in design and implementation of evaluation studies that 'make a difference' for the intended users, using creative and incremental approaches, and supporting staff expertise.

7.10 **Dr Ralf Maurer** has 15 years of professional experience as analyst of organizational development, strategy and management. He holds a doctorate in Economics with a specialization in applied institutional microeconomics. Dr. Maurer has worked as evaluator and program planner advising both national governments and international development agencies in some 25 countries.

7.11 **Dr Patrick Vaughan** was Team Leader for the Oslo 1 evaluation of the WHO and the role of extra budgetary funds and a special adviser to Oslo 2 study as well as being the country specialist for Bangladesh and Thailand. These studies included examining the roles of the UN agencies at country level.

7.12 **Dr Louisiana Lush** is an expert in HIV/AIDS, whose doctorate thesis was titled Integrating HIV/STD and primary health care services, now working for London School of Hygiene and Tropical Medicine. She has expertise in policy development, family planning issues, reproductive health, prevention and treatment.

7.13 **Dane Rogers** is an experienced evaluator and institutional development expert with over ten years of experience in the planning, management and evaluation of donor-funded programmes and projects across a range of sectors. He has recently undertaken an assignment with WHO, helping them to revise the Strategic Plan for the *Making Pregnancy Safer* initiative.

7.14 **Dr Fatima Yusufali Mohamedali** is a highly experienced public health professional with extensive clinical and programme experience in reproductive health and AIDS in Kenya. She worked as the project director of an EC-funded STI/AIDS control project (1996-1997) for the Nairobi City Council, which involved the coordination of a combined clinic-based and grassroots STI/AIDs control programme.

7.15 **Dr Paul Janssen** has over seven years of experience in public health in developing countries, with a strong emphasis on sexual health and HIV/AIDS prevention projects throughout South Asia. He has proven competency and expertise in STI service delivery, laboratory support services for STIs including HIV/AIDS, condom provision and distribution mechanisms, and behaviour change interventions for HIV/AIDS prevention.

7.16 **Dr. Françoise Jenniskens** is a medical doctor who works for KIT, specialized in reproductive and public health. She takes special interest in research, training and capacity building in STD/AIDS/RH management.

7.17 **Sarah Robinson** is Social Development Consultant at ITAD, has been involved in evaluation of Sustainable Development Agreements for the Dutch Ministry of Foreign Affairs. She is currently carrying out social development inputs into an impact evaluation of the Jamaican Social Investment Fund.

7.18 **Dr Ietje Reerink** is a Public Health Specialist at KIT with expertise in the field of reproductive health policy and program development and evaluation. Areas of interests are safe motherhood, quality of care of family planning and other RH services, adolescent sexual and reproductive health, and community involvement in HIV/AIDS prevention and mitigation.

Annexes

ANNEX 1 - PEOPLE MET DURING THE INCEPTION PHASE

a) Geneva – UNAIDS Secretariat, WHO and PCB¹³

Jean Louis Lamboray		UNAIDS Secretariat	Lamborayj@unaids.org
Dr Vincent Habiya mbere	HIV/AIDS Care and Support	WHO	Habiya mberev@who.int
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Jana Bartosiewiczova	Counsellor	Permanent Mission of The Slovak Republic in Geneva	
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Dr Desmond Johns	Counsellor Health Affairs	South Africa	Desmond.johns@itu.ch
Franklyn Lisk	Directeur Prog VIH/SIDA OIT	ILO Geneva	Lisk@ilo.org
Assane Diop	Executive Director, Social Protection	ILO	Diop@ilo.org
Bob Grose			

¹³ Many people who were met at the PCB kindly gave of their time in between other activities. These meetings were very brief and designed merely to make initial contact. They were not substantive interviews.

Annex 1

Osamu Tasaka (briefly)	Dir. Int'l Affairs Planning Office	Japan	Tasaka.osamu@mhlw.go.jp
Lili Schurch	Rep.	World Association of Girl Guides and Girl Scouts	Lschurch@pbs.ch Waggggs@wagggsworld.org
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Elisabeth Manipoud	Programme Development Officer, Programme Development & Coordination Group	UNAIDS Secretariat	
Clement Chan Kam	Chief, Theme Group Support	UNAIDS Secretariat	
Robert Hecht	Associate Director, Social Mobilization and Information	UNAIDS Secretariat	
Dr Bernhard Schwartländer	Chief, Strategic Information, Department of Social Mobilization & Information	UNAIDS Secretariat	
Michel Caraël	Chief Evaluation, Programme Development & Coordination Group	UNAIDS Secretariat	
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Joël Rehnstrom	Chief Planning & Performance Monitoring Programme Development & Coordination Group	UNAIDS Secretariat	
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Annex 1

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Dr Stefano Lazzari	MO/Epidemiologist HIV/AIDS	WHO	lazzaris@who.int
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